



Telling Our Stories

A General History of the
St. Joseph Health System – Sonoma County
1944 to 2008

*Compiled and Written by
Lawrence J. Maniscalco*

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Cover Photo: “The Healing Christ”

*To my mother, Rose Maniscalco, who graced
Santa Rosa Memorial Hospital for 30 years
as a member of the hospital's auxiliary.*

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INTRODUCTION

WHY WRITE A HISTORY of the St. Joseph Health System in Sonoma County? A written history is an institutional memory; it records the continuous unfolding of an organization's mission. It can be a valuable resource for the orientation of new employees, managers, administrators, volunteers, physicians, and trustees. It can elicit pride by showing the human face of an organization, and the commitment and accomplishments of a long line of dedicated co-workers, supporters and fellow travelers. As well, it can establish a legacy, setting a high bar for the achievement of excellence going forward.

I have been privileged to be a part of the St. Joseph Health System since 1979, serving seven administrations in a variety of leadership positions including strategic planning, communications, marketing, public relations, fund development, volunteer services, mission integration, spiritual care, and now as the hospital's first historian. As a long-time employee, I am often asked "what-happened-when" questions. Over time, as employees retire or leave the organization, the opportunity for "veterans" like me to share our historical perspective will be lost. So, this is the time to write it down. Hopefully, others will add to this narrative as the organization continues its mission of healing.

This history unfolds in a chronological fashion. In general, the various chapters cover decades of service and chapter sub-headings are used to mark important milestones. I have attempted in this chronology to go beyond a mere exposition of dates and events (the "what" and "when") to include as best I could why things happened, how they happened, and who helped to make them happen.

This history is a record and not an interpretation. If there is any point of view at all, it would be in the recurrence of two interrelated themes that are repeated from decade to decade: the embrace of the Sisters' mission, vision and values by committed co-

ministers, and the continuing support and generosity of people in the communities served by the St. Joseph Health System – Sonoma County.

Most of this history speaks to the development of hospital, health care and community services, but it also includes historical milestones in the Sisters’ healing ministry, such as the establishment of their *Philosophy of Health Services* in Chapter Three and *Vision of Values* in Chapter Five. As well, I have included in Appendix A, a series of personal histories – called *Profiles in Ministry* – from selected individuals including two employees, a manager, a physician, two board members, and a major donor. *Appendix B* includes a summary of key historical milestones by date; and *Appendix C* remembers a wide range of persons who have contributed to the continuance of the Sisters’ mission in Sonoma County, including all of the Sisters of St. Joseph of Orange general superiors, all Sisters who have been missioned at Santa Rosa Memorial Hospital, all hospital chief executives and vice presidents of mission integration, past and present board members, presidents of the hospital auxiliary and medical staffs, and the community leaders whose efforts were responsible for bringing the Sisters to Santa Rosa more than a half century ago.

For purposes of readability, this narrative follows a journalistic style that does not capitalize hospital titles or departments. I have made an exception by always capitalizing the word “Sisters,” when referring to the Sisters of St. Joseph of Orange, to be consistent with their official history, *A Compassionate Presence*.

In writing this history, I have attempted to be faithful to fact and as accurate as possible by citing archival and expert references, as well as clarifying information in the “Notes” sections at the end of each chapter. The reader will, however, forgive an occasional foray into personal recollection, which hopefully adds depth and interest to the narrative.

A final note: I have been blessed by my association with the Sisters of St. Joseph of Orange and this organization, and do not want to see their history lost in the mist of time. This document attempts to honor their past and learn from it, because it is a prelude for what is to come.

Lawrence J. Maniscalco

CHAPTER ONE

BEGINNINGS: 1944 TO 1950

WHEN THE LATE FAMILY PHYSICIAN Dr. Lee Zieber (*right*) established his medical practice in Santa Rosa in 1933, only 12 doctors served in the small town. "It was a farming community. You knew everybody, and there weren't even any stop signs," he said. People didn't go to hospitals. It was customary then for physicians to see patients in their homes. "If someone called, you just went out, often not knowing whether you would find a sick baby or a broken leg." All doctors in Santa Rosa made half a dozen or more house calls a day, starting in the early morning and continuing during lunch and even after supper. Most medical offices didn't close until 9 p.m. and were open all day Saturday.¹



Hospitals in those very early days were for the poor. In 1859, four years after the founding of the town of Santa Rosa, a county hospital was established in several rooms in the county jail. By 1866, the county had built a proper hospital, the Sonoma County Infirmary, on Cherry and Humboldt streets. Within 10 years, however, neighborhood complaints about odors, possible contagion and patient loitering caused the county hospital to be located outside the city limits on the nick-named "Hernia Hill." Long-staying patients who could work went to a poor farm and those who needed continuing medical care remained in the hospital.² In 1888, a large and imposing Southern-style,

stucco edifice was built, the center portion of which continued to grace the future 140-bed Community Hospital of Santa Rosa.

About the time of World War II, medical practice began to shift from a home-based to an office-based system. Half of Santa Rosa's physicians were recruited for active duty during the war, leaving fewer doctors to meet medical needs. A doctor could see more patients if they were scheduled for an office visit. For patients who required hospitalization, the county facility only partially met the need for a community-based hospital as it served only the poor, except in certain cases.

The privately owned Santa Rosa General Hospital on Seventh and A Streets (the site of the present Family Support Shelter) was the “newer” of the two existing private facilities. It had been opened in 1917 by Henry S. Gutermute as a 20-bed infirmary during the influenza epidemic in Sonoma County, in what had been a temporary housing unit for World War I.³ By the 1940's, it had expanded in capacity, but it was still cramped and overburdened.

General Hospital was supplemented by a small private hospital which was located in a converted two-story residence on Fifth and King Streets. The residence had been owned before 1900 by Dr. James Jesse and named for his wife Mary. In the 1920's, nurse Eliza Tanner bought the old Mary Jesse Hospital and renamed it as Tanner Hospital. By the 1930's it became outmoded. The late Dr. Thomas Torgerson recalled that they did good work at Tanner, but there were drawbacks: “They had an elevator, but it was really small – just big enough for a gurney, but no room for you in there,” he said. “When you took your patient to surgery on the second floor, you wheeled your patient in, pushed the button for the upper floor, closed the door, ran down the hall, up the stairs and back the other way to meet it.” Nevertheless, Tanner contributed to the city's health care by taking the overflow when General Hospital became crowded.

A Community Defines Its Health Care Needs

By the early 1940's, concerned Santa Rosans had come to the conclusion that their growing population of 15,000 persons would need to be served by a modern health care facility. Since the economic collapse of the county in 1929 and the subsequent national

war effort, there had been little new hospital construction. By 1944, the Santa Rosa Chamber of Commerce expecting an end to World War II, appointed a “Hospital Committee for Santa Rosa” and charged it to investigate the potential for a new hospital.

The committee attracted a stellar group of community leaders, including its chairman Buick dealer Herschel Niles, brewery owner and chamber president Thomas Grace, merchant and financier Fred Rosenberg, hop broker George Proctor, railroad attorney Finlaw Geary, *Press Democrat* publisher Carl Lehman Sr., feed and grain merchant Maurice Nelligan, and Dodge dealer J. Henry Williams.⁴ Early in 1945, Thomas Grace became chairman of the committee, now known as the Hospital Finance Committee. Its earliest activities included investigating methods for raising money for a hospital. Early in January 1945, a proposal was made to add a wing for private patients at the county hospital. As well, the committee sought advice from administrators of Stanford and Alta Bates hospitals. The latter executives advised against a county wing, declaring that the community should have “at least a 75-bed hospital.”

The Public and Private Sectors Unite

Meanwhile, the Sonoma County Board of Supervisors, at the request of the Santa Rosa Chamber of Commerce committee, directed the county’s district attorney to render an opinion on the legality of admitting paying patients to the county hospital. In April, Santa Rosa Mayor Robert Madison named the chamber committee as the official City of Santa Rosa hospital committee – a move that resulted in the city and the chamber jointly seeking expert advice on a community hospital for Santa Rosa. On May 16, 1945, a joint city-chamber project was launched with an up-to-date 75-bed hospital as its goal. By then the committee had been expanded (*see Appendix C*) and their plan called for a community hospital to be constructed by joint popular subscription and matching state or federal funds.



The committee to build a community hospital in Santa Rosa included (back row) Al Lewis, Henry Williams, Maury Nelligan, Theron Hedgepeth, Frank Luttrell, (front row) Herschel Niles, Carl Lehman, Judge Hilliard Comstock, Tom Grace, Fred Rosenberg, and George Proctor.

The committee's most pressing challenge was to secure a building site. Five parcels of land were under consideration. According to Al Lewis, chamber manager, the acquisition of Santa Rosa Memorial Hospital's site came about "almost like fate." He and the hospital planning committee had spent a long morning examining various parcels of land, finding none adequate. "We drove down a dirt road (now Sotoyome Avenue) and just happened on a tract of nine acres, planted in cherries and walnuts. It was just what the committee had been looking for." No one knew who owned it, or whether it might be for sale, so the committee directed Lewis to find out.

"It was almost noon when I returned to my office," he said. "I found a man waiting there to see me. He introduced himself as Warren Egbert, said he once lived in Santa Rosa but then was living in Woodland. He pulled out a map and showed me a piece of Santa Rosa property he had owned since 1911. He planned to sell it and wondered if I might advise him as to a prospective customer. Talk about manna from Heaven! There was the piece of property we wanted, dropped into our laps!"⁵

Egbert agreed to accept \$15,000 for the property. Since it was to be a community contribution-financed hospital, he would consider the balance of its value (which he placed at \$25,000) as his donation. The committee met again that day – somewhat hastily – heard the proposal, decided to purchase the property, signed an agreement to that effect and put up \$1,000 of their money to “bind the bargain.” Committee member Fred Rosenberg became a major benefactor by providing the remainder in memory of his father Max, founder of Rosenberg’s Department Store, which stood on the Fourth Street location of the current Barnes and Noble bookstore.

In June, local architect C.A. Caulkins was hired by the chamber to design the new hospital. In October, voters in the city passed a \$175,000 bond issue on the assumption that matching federal funds would be available. On application, however, it was found that the funds had been exhausted and, due to rising building costs, \$175,000 would be a “mere nothing.”⁶ A subsequent proposal by a group of Santa Rosa physicians to submit a secondary and larger revenue bond issue for public support of a district hospital for the entire Third Supervisorial District was defeated on April 8, 1946.

Opportunity Knocks

The day following the public’s veto of the district hospital concept, the hospital committee reported its first contribution of \$37,000 toward the new community hospital. Plans for an expanded public solicitation were “in the making” when a brief item appeared in the *Press Democrat* indicating that a proposed new hospital in Eureka, to be built by the Sisters of St. Joseph, had been thwarted by a city attorney’s ruling that it could not be considered non-profit and, thus, would have to be taxed.

For Mother Louis Bachand, superior general of the Sisters of St. Joseph of Orange, sponsors of the Eureka hospital, it was a bitter disappointment. Their first hospital and the start of their health care ministry began in Eureka with the opening of St. Joseph Hospital in 1920. She reluctantly withdrew the proposal. For the joint committee and the citizens of Santa Rosa, however, the news could not have been better.

A chamber of commerce delegation was dispatched to Southern California to meet with the Sisters’ attorneys, Howard Zieman and Joseph Scott, to suggest that the

Sisters consider Santa Rosa as an alternative. According to Mayor Obert Pedersen, “We stressed the need of a hospital in this area particularly stressing the point that our large and growing population, not only in Santa Rosa but in the back country, would provide the constant source of patients which would enable a hospital to operate in the black.” The mayor also made it clear that the “unqualified cooperation of the City of Santa Rosa and its various community groups and the offer of free taxes plus an ideal site to be donated by the city should, from a purely business angle, make Santa Rosa a ‘must’ in their overall scheme of hospital construction.”⁷

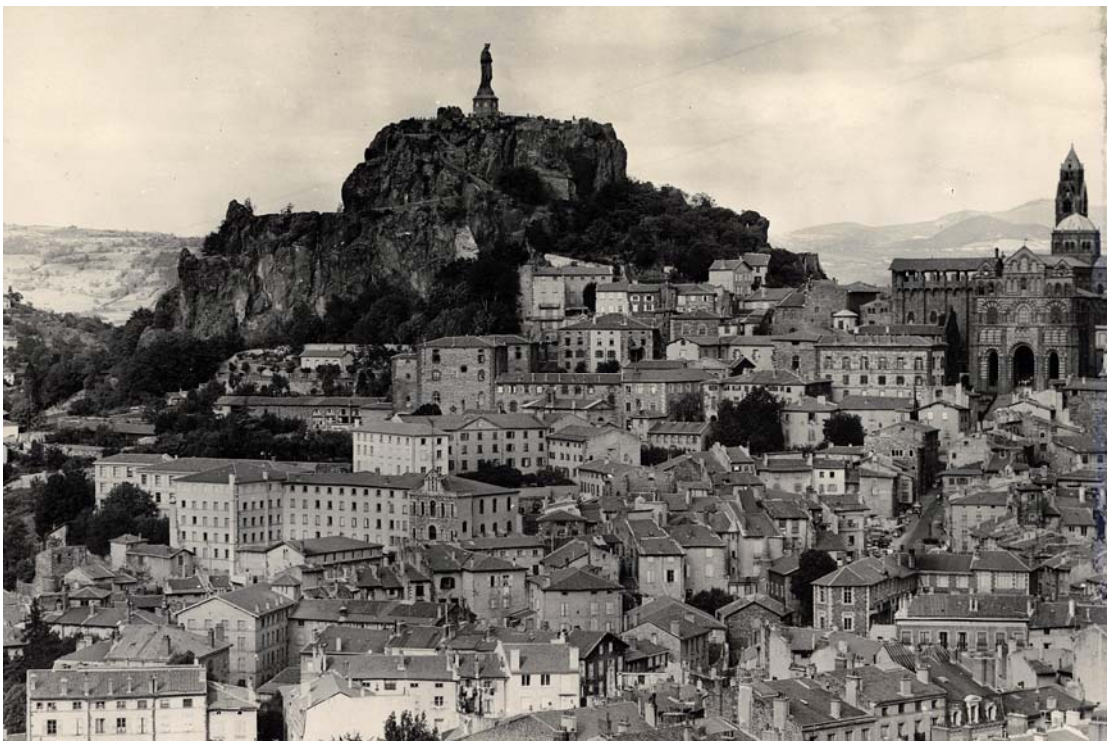
Mr. Zieman indicated that “there may be a possibility of an additional hospital being constructed in Santa Rosa,” indicating that “these Catholic orders are able to borrow large sums from the bank at very low interest rate.” He praised their high degree of efficiency, “due to the fact that the nuns acting as nurses are paid no money at all.” As an example, he related that the 500-bed Queen of the Angels Hospital in Los Angeles operated at a cost of \$7.90 per patient per day, compared to the national average of between \$12 and \$14 per day. Both Zieman and Scott expressed themselves as “definitely favoring Santa Rosa over any other community under consideration,” stating they would do everything they could to help make it a reality.⁸ Soon after the visit, Mother Louis accepted the delegation’s invitation to visit Santa Rosa and arrived with three Sisters on June 2, 1947.

The Sisters of St. Joseph of Orange

Our account of the establishment of Santa Rosa Memorial Hospital pauses to look back in time at the history of the remarkable women whose engagement in the health care field caused one chamber committee member, Roy Hedgpeth, to remark that, “I could not say anything but wonderful things about those Sisters.”

From their original beginnings in Le Puy, France in 1650, the Sisters of St. Joseph had been activists dedicated to Christ in the person of the poor and suffering. Their mission had always been to “live and work to bring all people into union with God and with one another, serving their spiritual and corporal needs in all works of mercy within the power of the congregation.”

In concert with this apostolic mission, the order founded by the Jesuit Fr. Jean Pierre Medaille was the first sisterhood to break away from the cloistered life. The French Revolution of 1789 brought great indignities and injustices to the Church. Convents were sacked, records were burned, and Sisters were carried off to prison. Some of them went to the guillotine. The order had to disband for a time; but by 1807, the Sisters had reformed under Mother St. John Fontbonne, donned again their religious habits and went out into the streets to resume the charitable work among the “dear neighbor” that had been interrupted by the Revolution.



Le Puy, France. The statue atop the Roche Corneille is the Virgin, cast from melted down cannons of the Franco-Prussian War.

The Sisters moved with waves of immigrants to the New World and established in the now non-existent town of Carondelet near St. Louis, Missouri in 1836. From there, they developed a network of convents and novitiates in the United States and Canada.

Each unit of the order was separate and accountable to the bishop of the diocese in which the Sisters labored.

June 12, 1912 marked the date of the Sisters' arrival on the West Coast. At the request of the Bishop Thomas Grace, of the Sacramento diocese, a delegation of seven "valiant women" from the La Grange, Illinois Motherhouse, embarked for California under the leadership of Mother Bernard Gosselin (*seen on the right*). The Sisters traveled overland from Chicago to San Francisco with only their train tickets and \$10. From San Francisco, the Sisters took the steamship S.S. Kilbourne (*below*) for the last part of their journey to Eureka. With only 60 cents left, they finally arrived in Eureka. Within a few months they founded an elementary school and found a home for themselves.



By 1919, the congregation had grown to 50 members. The influenza pandemic was the stimulus for the development of their first western hospital. In response to the request of citizens of Eureka, the Sisters began a hospital ministry, purchasing the old

Falk Brothers Hospital and renaming it St. Joseph Hospital. After teaching school, the Sisters dug out the basement, cleaned, varnished and set up furniture and did their own housework and gardening. Meanwhile, some Sisters were sent for medical training: one to the Mayo Brothers' Clinic, five to St. Joseph's Hospital in San Francisco, and one to Providence Hospital in Oakland. St. Joseph Hospital Eureka was opened in 1920 and it still serves the people of Eureka and Northern California.

In 1922, at the invitation of Archbishop Cantwell of Los Angeles, Mother Bernard moved the Motherhouse to Orange and established an independent congregation (hence the name, the Sisters of St. Joseph of Orange). From the opening of the original St. Joseph Hospital in Eureka in 1920, there was a steady march of progress by the Sisters:

- ~ Trinity Hospital in Arcata was opened in 1927.
- ~ St. Joseph Hospital in Orange was opened in 1929.
- ~ St. Jude Hospital in Fullerton was opened in 1931.
- ~ St. Luke Hospital in Pasadena was opened in 1933.
- ~ St. Mary of the Plains Hospital in Lubbock, Texas. was opened in 1939.
- ~ Los Banos Hospital in Los Banos was opened in 1940.

Certainly, the Sisters' reputation for excellence preceded them and was most likely the reason why hospital committee member Roy Hedgpeth reportedly called the Santa Rosa Chamber of Commerce secretary and told him, "If Mother Louis ever comes into the office, lock her in the closet until she signs a contract."

The Sisters Decide to Stay in Santa Rosa

Shortly after Mother Louis and the three Sisters of St. Joseph of Orange arrived in Santa Rosa, they were taken to view the Montgomery Drive site. "It was a gorgeous day," chamber secretary Al Lewis recalled. "The cherries were ripe and flowers were blooming everywhere. The site never had looked better." Mother Louis (*see photo next page*), "a small, very handsome woman, with penetrating eyes," was charmed by it. She said, "It



would be a pleasure to work in such a site.” Then, Mayor Obert Pedersen, forgetting his official dignity, clambered up a cherry tree to pick a handful of the ripe fruit for Mother Louis. She laughed and said, “That’s the first time I ever saw a mayor up a tree.”⁹

Whether the cherries were a major factor in Mother Louis’ decision must remain a matter of conjecture. More likely, it was the sincerity of the community leaders who knew that a new hospital was needed, welcomed the Sisters as its administrators, and were willing to work hard to make it a reality. In any case, shortly after the visit to the orchard, Mother Louis enthusiastically endorsed the hospital site, but asked that the conservative building plans be revised. She envisioned that a 90-bed hospital, and not the 75-bed facility previously proposed by planning committee, would be more apt to meet the community’s health care needs.

Mother Louis assured local leaders that the hospital would be planned and constructed in accordance with and incorporating all of the latest developments of modern hospitalization to ensure high standards. “All of our hospitals are fully approved by the American Hospital Association, the American Medical Association, the American College of Physicians and Surgeons and all the various state, county and local associations and agencies,” she said in her letter. Mother Louis indicated that the Sisters would have full control over the planning and design of the hospital, which would not necessarily be limited to a one-story building. “In due course,” she continued, “a new non-profit charitable organization will be organized ... the members and officers of which must necessarily be limited to the Sisters who are members of the Sisters of St. Joseph of Orange.” Consistent with their mission and ministry, the letter stated clearly that the hospital would be “perpetually dedicated to charitable, religious hospital and non-profit purposes.”

On June 24, 1947, the plan proposed by Mother Louis received City of Santa Rosa and Santa Rosa Chamber of Commerce endorsements. A 90-bed hospital would be built. The community would provide the site and \$300,000 toward the estimated cost of

\$1.8 million. The city's authority to issue the \$175,000 in municipal bonds approved by the voters in 1945 would not need to be exercised. Architects Frank Georgeson and Lewis Hurlbut, of San Francisco and Eureka, who had designed St. Joseph Hospital in Orange, were retained by the Sisters to design a multiple-story building.



Planning begins with (l. to r.) architect Lewis Hurlbut, Sr. Liguori, Sr. Estelle, Sr. Augustine, Al Lewis, and Mother Louis.

The Community Opens Its Hearts and Wallets

A flood of contributions both large and small hailed the announcement of the acceptance of the Sisters' plan. The proceeds of an inter-squad game by the San Francisco 49ers were among the earliest contributions. The name "Santa Rosa Memorial Hospital" was chosen in honor of those who lost their lives in World War II and in memory of individuals and families who, through their gifts, had made the hospital possible. The selection of the name brought out another flood of contributions as persons

expressed their desire to have wards, rooms or wings dedicated to the memory of their loved ones.

Official launching of the hospital fund campaign was scheduled for September 10, 1947, and the Sisters' attorney Joseph Scott was scheduled as speaker for the kickoff breakfast. "Give to the hospital" was the favorite slogan of the day. A special fund in memory of the sudden death of beloved State Senator Herbert W. Slater contributed significantly from a variety of civic and fraternal organizations including the Elks, Kiwanis, Business and Professional Women's clubs, American Legion Posts, Masonic Lodges, town-based committees, and payroll deductions.

According to a *Press Democrat* account of the day, "Bars and liquor stores, beauty parlors, cafes, hotels, men, women, boys and girls – everybody was eager to contribute his bit" toward the community-wide fund raising goal of \$300,000. An army of 500 volunteer workers launched a house-to-house campaign. When the Sonoma County Board of Supervisors raised their pay to \$5,000 a year, E.J. Guidotti, who then was a supervisor from Guerneville, donated his first enlarged monthly paycheck to the hospital fund. High school, grammar school, and 4-H clubs – every organization in the area – held special hospital benefits and had a wonderful time.

A particularly noteworthy fund raising effort was that of the so-called "Thousand Club," which was comprised of \$1,000-and-up contributors to the campaign fund for the "best hospital between San Francisco and Portland." Their fancy inaugural dinner was held on November 6, 1947, at the three-year-old Topaz Room, one of the city's most luxurious restaurants, situated on Hinton Avenue, just across from the county courthouse in downtown Santa Rosa. Restaurant owner and hospital committee member, Roy Hedgpeth, was the genial host and ringmaster for the circus-themed event, planned by noted Hollywood party-givers, Eddie and Bula Kuh. The star-studded event included clowns and comedians, acrobats and bareback riders, circus murals and balloons, magicians and musicians, and even a bellowing calliope. Jack Skirball, producer of "Shadow of a Doubt," a film that had put Santa Rosa on the cinematic maps of the world five years earlier, was an honored guest. But, the shining light was the urbane master of ceremonies, famed film star Don Ameche, fresh from his triumph as star of the movie about the life of Alexander Graham Bell. According to Dr. Tom Torgerson, "He was very

arrogant, but his presence helped the cause.” There were fine speeches by Judge Hilliard Comstock and Dr. Wilson Stegeman before the epicurean dinner, which rallied the 200 guests to the hospital cause. The story of the \$100,000 that was raised that night at one dinner party in such a small town captured the fancy of the wire services and was reported nationally by the Associated Press.¹⁰

By July 24, 1948, when ground was broken for the new hospital, nearly 3,600 individuals and organizations had surpassed the community goal by giving \$355,005. Of this amount, \$317,759 was in a general fund. Memorial gifts in memory of two civic leaders who died unexpectedly provided the balance. Senator Slater’s Memorial Fund gifts provided \$34,020 and the Dr. Frank P. Swire Memorial Fund gave \$3,125. The Sisters of St. Joseph of Orange financed the balance of \$1,750,000.



Construction of Santa Rosa Memorial Hospital began with its groundbreaking on July 24, 1948.

Just how big was that fund raising effort, as measured in today’s currency? According to a Consumer Price Index (CPI) conversion calculator developed by the Oregon State University’s political science department, the Santa Rosa community’s fund raising effort of \$355,000 in 1948 would be equivalent to \$3,020,458 in 2007 dollars, while the Sisters’ financing would approximate \$14,889,583. The total cost of the original Santa Rosa Memorial Hospital at \$2,000,000 was a “bargain” at \$2,222 per bed

or about \$18,900 per bed in today's dollars. Certainly, the health care construction environment is very different today; but as a rough comparison, that original 90-bed facility if built today would cost \$225 million to \$270 million (\$2.5 to \$3 million per bed). *Press Democrat* columnist and historian, Gaye LeBaron, has called Memorial Hospital Santa Rosa's "mid-century triumph" for its wildly successful fund raising campaign as well as its fortuitous agreement with the Sisters of St. Joseph of Orange.

It is interesting to note that the original campaign and the subsequent hospital campaigns have been, one might say, ecumenical. Sr. Mary Ellen Fratessa, remembering the city-chamber committee that started the hospital project, remarked: "As far as I know there wasn't a Catholic among them," and Judge (Hilliard) Comstock who chaired the first community-wide fund raising effort was a 32nd Degree Mason!

Opening Day Preparations Begin

On October 24, 1949, Mother Louis, Sr. Estelle, Sr. Rita Rudolph and Sr. Alma Bachand arrived in Santa Rosa to begin preliminaries for the opening of the hospital. Sr. Rita (*shown here*) was named as administrator and Sr. Alma was to be in charge of the x-ray department. A five-room cottage at 624 Dexter Street was arranged as a temporary residence until the convent on the hospital campus could be completed. During that first week, the essentials of a mailing address, telephone, utilities, bonding, narcotic license, insurance, bank signatures, etc. were attended to. A side trip was made to San Francisco to pick up a donated 1948 Chevrolet, with only 12,000 miles on the odometer. According to a chronicle in the Sisters' archives, the car was put to good use with all the necessary trips, including a weekend trip to Eureka, which filled the Sisters with "vim and vigor."¹¹



Hospital organization started rolling on All Saints Day. Hospital administrator

Sr. Rita Rudolph and Sr. Alma Bachand began interviewing applicants for jobs at the hospital. "Numbers of applicants were not lacking," Sr. Alma recorded. The lines were long by the time the Sisters would arrive at the hospital. While Sr. Rita carried on the interviews, Sr. Alma obtained the pertinent information. The first week brought some 500 applicants for the approximately 100 positions needed. "Without a doubt," said Sr. Alma, "the biggest task will be to select the cream of the crop." Ninety-five percent of those hired were from the Santa Rosa area. Nurses were employed at the ratio of one nurse for every four patients. The hospital would charge \$10.50 per day for a ward, \$12 for a semi-private room, \$13 for a private room without bath, and \$15 with a bath.¹²

Before the medical staff was organized, a Hospital Committee of Doctors was formed by the Sonoma County Medical Society to serve as a temporary executive group. Chaired by orthopedist Dr. Donald Francis, its members included Dr. H.M. Avery, Dr. Cuthbert Fleissner, Dr. John Kenney, Dr. Robert Quinn, Dr. Leighton Ray, and Dr. Wilson Stegeman. It was reported in the Sisters' chronicles, a kind of monthly diary, that "There will be many a problem to be solved before the doctors see eye to eye with the administration – never having worked with Sisters they don't know what to expect and so naturally expect the worst." Years later, Dr. Tom Torgerson would remark that, "The best thing they ever did was to send those sisters. They are wonderful, lovely, charming women"

With the arrival of other Sisters to help with the preparations for opening day, the little temporary-residence cottage "began to bulge at the seams." Meals, prayers and Mass had to be held in two shifts. As the new Sisters pitched in, they were advised to "remove their good habits, veils and shoes and don working clothes." Most of them apparently expected the hospital to be ready and open when they arrived, but they "rose above their disillusion and were equal to the occasion."¹³

Dr. Torgerson, who served for a time as medical staff historian, recalled: "In the months before the opening, it was exciting to watch cement being poured, carpenters at work, each new wall rise from the ground, each new stairway develop, rooms being painted. To get to the hospital in those days, we had to drive Fourth Street to Talbot, then to Montgomery, and then in the back way. The Montgomery Drive Bridge was not yet in and Montgomery Drive in front of the hospital was not paved. Many of the doctors came

during the noon hour frequently to act as sidewalk superintendents.” Sr. Alma lauded the great activity for the handful of Sisters assigned to operate the hospital. “You saw them with their sleeves rolled up and wearing colored aprons and cornshucker gloves, setting up the hospital beds and furniture. The workmen would stop to smile and enjoyed seeing the Sisters fly by with the pieces of various equipment to be placed in rooms and departments.”

Hospital Dedication

On December 18, 1949, 2,000 area residents stood in a drizzling rain to sing the Star Bangled Banner and watch as Archbishop John J. Mitty of San Francisco (*right*) blessed the cornerstone and formally dedicated the new Santa Rosa Memorial Hospital. As the rain increased, the crowd was moved indoors for the keynote address by the Rev. Bernard Cronin, hospital director for the San Francisco archdiocese, and the introduction of the Santa Rosans who were prominent in the hospital fund drive. Several thousand visited the place that day, and by six o’clock in the evening the switches were pulled on the second floor and



those on the first were told that it was time to go. “That night,” it was reported, “we went to bed fatigued but also with our hearts filled with gratitude.”¹⁴

Mother Louis must have watched with pride as the town folk toured the new facility on that dedication Sunday. With a capacity of 90 beds (82 in service) and five operating rooms, it was the most modern hospital in Northern California. Mother Louis noted without reservation that it was the finest of the eight hospitals then operated by the Sisters of St. Joseph of Orange. When the visitors walked up the broad brick steps and entered through the triple series of double-leafed crystal doors, they were due for a surprise. An inlaid floor stretched invitingly ahead. The comfortable furnished lobby

featured walls of neutral brown cork, hung with landscape paintings. Patient rooms were similarly decorated with apricot-tinted walls, stained wood furniture and colorful curtains. The new Memorial Hospital certainly was a far cry from the traditional white, metallic, cheerless environments of most hospitals of the day. “We want to have it look more like a hotel than a hospital,” Mother Louis remarked.



The completed Santa Rosa Memorial Hospital was hailed as the newest and most modern hospital in Northern California.

According to Dr. Tom Torgerson, “To walk into that hospital the first day was a great thrill for many. Santa Rosa Memorial Hospital was going to fill a great need. What was needed all those years was a modern hospital for private patients, and now Santa Rosa had it.”

Santa Rosa Memorial Hospital Opens Its Doors!

At 8:00 a.m. on New Year’s Day 1950, hospital administrator Sr. Rita Rudolph officially opened the doors of the new Santa Rosa Memorial Hospital with a staff of 10 Sisters

aided by 93 employees and a medical staff of 70 physicians and surgeons. The first patient, admitted by Dr. William Rogers, was Janet Butz, the 16-year-old daughter of the hospital's dietician, Margaret Butz. The first patient was promised as charity to bring blessings upon the work of the hospital. Suffering from rheumatic fever, Janet was in the hospital for six months before being released. There were 11 other patients admitted that day, 10 of whom were admitted by Dr. Thomas Torgerson and his partner Dr. William Rogers. Five of the patients were admitted to the maternity unit, each one trying hard to have the first baby for the honor of it, and also for the free layette promised by the White House department store downtown. That honor went to Sally Calori, the first of three babies born on opening day. Surgery was performed on a small boy suffering from appendicitis, and there were a few emergencies. The Sisters' chronicles reported that, "Even though 11 patients are not many, they did keep us tremendously busy and we found out many essentials were missing in various departments, such as vial files, can openers in the formula room, etc."

It was the beginning of a new era. On the day Memorial opened, the old Tanner Hospital with its balky elevator and antique equipment closed. Now it would be Santa Rosa General Hospital that would take the overflow.

January brought to a close the first month, which would be for the new staff "a month of memories and experiences that will live a long, long time." The chapel (*left*) finally had been completed and the first mass was celebrated on the Feast of St. Agnes by Fr. Rater, even though part of the back wall from the sacristy had to be taken down to accommodate his size! Some private rooms had to be converted to semi-private rooms in anticipation of a heavy patient load. In a prescient comment, the Sisters acknowledged that, "We will never have sufficient private rooms and that is the demand



– everyone seems to want one, and you have difficulty placing them in wards or semi-privates... If there had only been some way to foresee this need.”

One set of triplets was born and another baby was delivered in the elevator. And there were always “visitors, visitors, visitors.” Sister-visitors apparently provided a special challenge; for when they arrived, the hospital guides needed to be prepared for a three- to four-hour tour. “There isn’t a thing they don’t see or ask about,” it was recorded. By the end of January, however, it seemed that people from every community in the Bay Area had visited, and the hospital Sisters looked forward to a “visitor-less” February.¹⁶

The first meeting of the Santa Rosa Memorial Hospital Medical Staff was held on January 17, 1950 at 7:30 p.m. in the doctor’s staff room. Dr. Torgerson recalled that, “This was a beautiful room across from the administrator’s office. Its walls and ceiling were lined with cork. It seated 70 or so in comfortable soft-green upholstered chairs.”

While January was the month for visitors, February was the month for inspectors, including local and state health departments, plus fire, narcotic, alcohol and insurance entities. The Sisters were grateful that the inspectors waited until we “really got started.” No two inspectors arrived on the same day, but all came unannounced. Sr. Rita would never forget the inspection from the St. Paul Insurance Company. As the reviewing party arrived in the boiler room to check the date on the equipment, it exploded, covering the floor with water to a “considerable depth.” The defect was quickly remedied, but what happened on subsequent inspections would seem minor.

The City of Santa Rosa offered to donate their ambulances in the hopes that Memorial would take care of all city emergencies. The donation was refused because of the extra liability for the young facility. According to the Sisters’ chronicles for that month, the police department did not appreciate the rejection. “Their disapproval was so great that we doubted the genuineness of their charity – could it be it would be a thing to be relieved of?” they mused.

By May of 1950, hospital operation had settled down to a regular routine. “Not too many visitors, no more inspectors, major policies had been accepted, and the hospital staff now know more of what is expected of them.” Sr. Alma was the chief x-ray technician. “I remember the first x-ray picture I took on a patient for Dr. Gino Bucchianeri,” she said. “It demonstrated a single, large gallstone in a flat plate of the

abdomen. The doctor went up and down the halls telling his doctor friends what a great technician I was ... and so my reputation was made.”¹⁷

Later that year, the archbishop announced that St. Rose parish would be divided and a new parish would be established, to be called St. Eugene’s in honor of Pope Pius XII (Eugenio Pacelli). Memorial Hospital would be in that new parish, as it is today.

October 1950 marked the 300th anniversary of the founding of the Sisters of St. Joseph in Le Puy, France. The Sisters decided that they should commemorate the event by giving patients something on their trays. The idea was to get little boats with three sails each depicting a date relating to the Sisters’ foundation at various places: 1650 (their founding in France), 1836 (coming to America) and 1950 (beginning of the Sisters’ ministry in Sonoma County). A tour of Mission Street in San Francisco paid dividends, as the Sisters obtained Japanese-made sail boats of “good size for a minimum price.” The Sisters wrote a brief sketch of the community, mimeographed copies, placed them in folders and delivered them personally to all of the patients. The patients were so pleased they wanted more. But the Sisters had made only 72, and ran out.¹⁸

As 1950 came to a close, the Sisters held their first Christmas party for employees at Santa Rosa Memorial Hospital. It was in the form of a dinner for the men and coffee and pie a la mode for the women. They were held on consecutive days and, according to the Sisters’ chronicles, “It was gratifying to hear how pleased all were. Never before had hospital employees in Sonoma County had a party and Christmas gifts. The *Press Democrat* wrote a very interesting editorial to that effect.”



Sr. Philomene Baudet in the delivery room.



Sr. Mary Mark testing blood gas.



Sr. Martina in central supply.



Sr. Philomene in the nursery.

Sr. Philomene, sterilizer and formula room.



Sr. Patricia with nurse Gail Matheson in the ICU.



NOTES TO CHAPTER ONE

¹ *The Lamplighter*, “When house calls were common,” Santa Rosa Memorial Hospital Fall/Winter 1985.

² *Press Democrat*, “Medical care always in crisis,” Gaye LeBaron, January 21, 2007.

³ The flu epidemic in Sonoma County was part of a world-wide epidemic in 1918 that killed more people than had died on the battlefields of the recently-ended Word War I. This pandemic was the stimulus for the development of the Sisters of St. Joseph of Orange’s first hospital in Eureka in 1920.

⁴ Santa Rosa Memorial Hospital archives.

⁵ *Ibid.*

⁶ Santa Rosa Chamber of Commerce archives.

⁷ Santa Rosa Chamber of Commerce, “Report on Los Angeles Trip,” May 21, 1947.

⁸ *Ibid.*

⁹ *Press Democrat* (Santa Rosa) and Santa Rosa Memorial Hospital archives.

¹⁰ *Press Democrat*, Gaye LeBaron Column, November 7, 1982.

¹¹ Automobiles, like the 1948 Chevrolet in this account, have figured anecdotally into the Sisters’ history in California. One of the earliest photos of the Sisters in Santa Rosa showed two nuns in their black robes standing by a two-tone 50’s-vintage Nash parked in front of the hospital’s Art Deco tower. But this account from the Sisters’ official history is the most memorable: “In 1917, Mother Bernard surprised the Community – not to mention the ecclesiastic authorities – with a new acquisition...she purchased a ‘machine,’ a Maxwell coupe. It was unheard of at the time for a group of Sisters to possess an automobile. The owning of one somehow seemed to go against the vow of poverty. Was not an automobile a luxury? Mother Bernard did not view it that way at all. A car to her was simply a more efficient way of getting work done. There was no rule against it, per se, in the Constitutions. And because an automobile was not specifically mentioned in them, Mother Bernard did not feel warranted in bothering the authorities about their opinion on such a trifle. The purchase of so modern an implement raised many eyebrows...But to Mother Bernard’s reasoning



at least, it was not that the rules permitted owning a car; it was that they did not forbid it. A full 50 years were to pass before Rome officially sanctioned their owning an automobile.” (*A Compassionate Presence*, page 96)

¹² Sisters’ *Chronicles* (undated).

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ *Press Democrat*, December 17, 1949.

¹⁶ Sisters’ *Chronicles* (undated).

¹⁷ *Ibid.*

¹⁸ *Ibid.*

CHAPTER TWO

THE EARLY YEARS: 1951 TO 1959

IT WAS A TIME before television. Harry Truman was President of the United States. Charles Schulz had just come out with his “Peanuts” cartoons. It was a time when you could have soup or salad, entrée and vegetables, and dessert and coffee for \$1. Houses in Santa Rosa were selling for as little as \$6,000. Milkmen delivered milk to the doorstep in bottles everyday. The road to Santa Rosa was two lanes most of the way. Phenobarbital was the most commonly prescribed sedative, but Miltown and others were coming up fast. The Sisters still wore their black or white flowing robes.

After its first full year of operation, Santa Rosa Memorial Hospital had treated 3,651 patients, introduced 684 babies to the world and recorded 85 patient deaths. In that 12-month period, the hospital had paid out \$264,000 in salaries, about \$500,000 in other operating expenses and served approximately 59,000 meals. Near the start of 1951, work was underway on a large physical therapy room in the lower level and a well was drilled at the rear of the hospital grounds to supply 60,000 gallons of water per day, using City of Santa Rosa water only in case of emergency.

In May 1951, the Sisters participated in an atom bomb practice. “Everyone was primed and knew just what to do,” said administrator Sr. Rita Rudolph. “It took just two minutes to evacuate every patient, even the babies in the nursery were given to their mothers. We really marveled at how well everything went and how quiet everyone was. The kitchen help used the basement behind the elevators as their place of refuge. The officers were very much impressed and pleased.”¹

During the first nine months, 192 persons could not be admitted due to the lack of capacity; and, so, plans had been sketched for a 50-bed expansion. Sr. Rita applied for federal aid under the recently passed Hill-Burton Act to pay for the \$250,000-plus

expansion; but since the request was not granted and the original building was still being paid for, the expansion plans were reluctantly shelved.²

A New Administrator

In 1952, Sister Liguori McNamara (*right*) was appointed as Santa Rosa Memorial Hospital's second administrator. During that year, the hospital was fully approved by the Joint Commission on the Accreditation of Hospitals.³



1955 was a particularly noteworthy year. The hospital was accepted as an extended campus of the Santa Rosa Junior College for use in their registered nurse and licensed vocational nurse programs. Also that year, Sr. Liguori called on community leader Mrs. Donald (Edna) Carithers and suggested that an auxiliary group be formed to supplement the activities of the regular hospital staff and contribute to the comfort and well-being of the patients.

The Santa Rosa Memorial Hospital Auxiliary

An article in the *Press Democrat*, dated October 30, 1955, helped to announce the formation of the newly organized Santa Rosa Memorial Hospital Auxiliary. It was reported that, "The purpose of the auxiliary is threefold: to interpret the hospital to the community; to give service to the hospital and its patients; and to give fundraising affairs in a manner satisfactory to the hospital and in harmony with the planning of the community."

Mrs. James (Billie) Keegan, one of the auxiliary's 125 original members and later its president, recalled that about a dozen women came to the first meeting of the new "Rose Ladies" (so-called because of the association with the name Santa Rosa and the rose-colored pinafores they wore when on duty).⁵ "Nobody knew what we were supposed

to do,” she said, but they set out promptly to learn. “We went down to Marin General where they had an auxiliary. They helped organize us, and Edie (Mrs. Donald) Carithers was the first president,” said Billie.

There were two groups initially – one to serve the patients and another for fund raising – which later joined proudly under the motto of “patient comfort.” Initially, the auxiliary members served in 10 departments of the hospital. “Anything of a non-professional nature that can be done by a volunteer to relieve a nurse or aide is included in the scope of the volunteers’ activities.” This could and did include serving four-hour shifts at least once a week at the lobby reception desk, delivering flowers and mail, typing in nursing units, taking a “Sundry Cart” to patient rooms, making holiday favors for patient trays, collecting books for patients to read, and a host of other activities designed to assist with “the universal need of the ever-present sick or injured individual.”



It wasn’t until 1963 that the Rose Ladies opened a gift shop near the main entrance of the hospital, completely staffed and operated by the volunteers, under the leadership of Mrs. Edward (Nancy) Henshaw ⁶ (*left*). The new gift shop was an extension of the popular sundry cart service. In addition to the toiletries, magazines, books and toys on the cart, the permanent shop also provided a large assortment of greeting cards, comfort items, costume jewelry and gifts.

The Rose Ladies attracted a loyal following of volunteers in service, who also raised money for hospital programs and equipment through their sponsorship of special events. The first such event was the sponsorship in 1956 of a special performance of the San Francisco Ballet’s hit “Con Amore,” which was billed as “the most theatrically-daring enterprise” the dance company had ever undertaken and “the wittiest ballet of modern times.” This was heady stuff for rural Santa Rosa. The Santa Rosa High School auditorium was packed, their first event was a success, and the auxiliary proudly donated the proceeds of \$700 to the hospital to purchase an Isolette incubator.

The following year, the Rose Ladies sponsored a Hawaiian Luau, which raised \$3,000 for hospital “high-low” beds. Two Christmas Tree Lanes at the Flamingo Hotel in 1958 and 1959 featured seasonal decorative ideas and thematic table décor. These

successes were followed by a Barn Dance, a “June Bug Capers,” and yet another third Christmas Tree Lane. These would pale against what was to come.

In 1962, the auxiliary launched its first “Hi-Fever Follies,” a musical revue under professional direction and featuring the special talents of the hospital staff, physicians and the local community. The Follies were to become their biggest fund raising event and such a tremendous hit that they played to packed houses when they were presented at intervals of two and sometimes three years. The Follies were done in style: theatrical professionals from New York (usually from the Cargill Producing Company) provided musical scores and scripts, scenery and backdrops, and curtains and costumes. They took charge of direction and tryouts, which were open to anyone in the community.

Indeed, the casts had far fewer Rose Ladies than community people and usually numbered about 175 persons. The performers really “let down their hair” and had a lot of fun. This writer remembers attending his first follies in 1981 and being charmed and entertained by administrator Arthur V. Crandall in a cow costume and subsequent board members Sheila Albert (Volunteer Center executive), Donna Born (a former mayor of Santa Rosa) and Gaye LeBaron (*Press Democrat* columnist) as a trio of singing charwomen. The first Hi-Fever Follies produced \$15,000 for the hospital and continued to contribute five-figure donations until the final staging in 1983.

In 1958, a Junior Auxiliary was formed whose members were called, appropriately, “Rose Buds.” Teen-aged auxiliaries aged 15 to 19 years old were attracted by the opportunity to provide community service while gaining adult experiences in the city’s newest and most well-equipped hospital – not to mention the rather stylish candy-striped uniforms that they wore while on duty. The Rose Buds even co-sponsored with the auxiliary a “Nutcracker” ballet in 1961. Many Rose Buds went on to become regular auxiliary leaders, others went into training for health careers, and several became hospital employees.

Throughout the years the Santa Rosa Memorial Auxiliary has been a pillar of the hospital. Trim teal-colored smocks have replaced the rose-colored pinafores for the women and burgundy-colored jackets are now available for the men. The increasing number of male volunteers in the auxiliary has all but ended the traditional “Rose Ladies” appellation.⁷

What has not changed in all these years is that original mission of patient comfort whether in the nursing units, at the main lobby reception desk, in the hospital gift shop, or behind the scene in a variety of ancillary and support departments – just about everywhere in the hospital. As well, the auxiliary’s fund raising efforts and gift shop revenue continue to provide much-needed assistance to the hospital’s building and equipment funds.

Complete records of the number of volunteer hours and the total amount of money raised by the auxiliary are not available at the time of this writing, but it is thought to be quite large. The first pins for 100 hours of service were awarded in 1956. After one year of service, the award recipients had logged 5,298 hours. In their first 10 years, the Rose Ladies had given a total of 86,061 service hours. Lifetime service hours for the 150-plus active members of the auxiliary who are volunteering today total 90,270 hours. On the fund raising side, the Follies each generated from \$9,500 to \$15,000. In recent times, the vast majority of the auxiliary’s annual donations have come from the proceeds of their hospital gift shop, which is located in the lobby of Santa Rosa Memorial’s Montgomery campus.

Hospital Capacity is Strained

As we return to our chronological history, it is 1957 and Memorial is experiencing an increase in admissions, consistent with the growth of the population and the medical community, and its own reputation for excellence. The original construction of Memorial Hospital was largely responsible for transforming Santa Rosa from a city deficient in medical resources into the medical care center for an area reaching from the Oregon border to San Francisco Bay. As well, outstanding medical specialists were attracted to Santa Rosa to practice in a modern hospital, located in the “city designed for living.”



The patients in this photo taken during July 1959 are being cared for in the hallway.

Down the road in Petaluma, the recently-formed Petaluma Health District had opened its 50-bed Hillcrest Hospital on Petaluma's west side. But this was another town and Memorial's hospital planners estimated that approximately 150 beds would be needed to meet the growing local need. It was recorded in the Sisters' chronicles that, "Almost from the time of its completion, the hospital has been considered too small to meet the demands of the community." An example of the growing hospital-bed shortage can be seen in this notation that appeared in the chronicles: "Harlan Hill, Chicago Bear end, is in the maternity ward at Santa Rosa Memorial Hospital. Hill underwent surgery to drain fluids in a bruised knee incurred in Chicago's 20-to-17 loss to the San Francisco 49ers. Hill is in the maternity section of the hospital because of space shortage."⁸

Back to the Community for Support

Once again, the hospital turned to the community for support – this time to help raise a significant portion of the estimated \$1.1 million it would take to build a new wing on the

east side of the hospital that would increase Memorial's capacity from the original 90 beds to 150 beds. Sr. Liguori tapped the talents of Henry Trione, a senior vice president of Wells Fargo Bank and founder of the Sonoma Mortgage Company, to head the community fund appeal.

In October 1959, the Sisters' chronicles carried this entry: "Santa Rosa Memorial Hospital will build a new wing, but finish only one floor – a hollow reminder to a community which has failed to provide funds to complete the job. The misnamed 'final phase' of the one and one-half year building fund drive has brought in only \$56,000 in additional pledges, campaign chairman Henry Trione announced. The total pledges now stands at \$329,000. Even with \$300,000 pledged by the Sisters, the hospital was far short of the estimated \$1,071,000 needed."

But Mr. Trione was optimistic, noting that only 25% of the 300 prospective donors had committed by either pledging or refusing. The professional fund raising firm that had been retained to lead the appeal was at a loss to explain why sufficient funds had not come from the community served by the hospital, particularly since room rates at Memorial of \$21 per day for a semi-private room and \$24 for a private room were far below hospital charges in the Bay Area. Campaign director Hugh Wilcox attempted to lay the blame on late publicity, "the undercurrent of religious opposition and bigotry against a Catholic owned and operated hospital," campaign inertia, lethargy, and indifference.⁹

Another reason might have been the plans by anesthesiologist Dr. John Jenkins to build a 50-bed private Warrack Hospital on Summerfield Road.¹⁰ A third issue in the under-performing fund drive concerned the last-minute loss of a \$10,000 pledge from five labor unions due to vigorous opposition from several members of the medical staff over union plans to build a health care facility in Bennett Valley. According to the Sisters' chronicles, "Hospital officials and the unions had hoped the proffered pledge might bring harmony in solving the area's hospital inadequacies, but hopes were dissipated when the lingering bitterness erupted at the drive kick-off dinner."

NOTES TO CHAPTER TWO

¹ Sisters' *Chronicles* (undated).

² The Hospital Survey and Construction Act, also known as the Hill-Burton Act, was passed in 1946 in order to provide federal grants and guaranteed loans to improve the physical plant of the nation's hospital system by achieving a ratio of 4.5 beds per 1,000 people.

³ The Joint Commission on the Accreditation of Hospitals (JCAH) is today called the Joint Commission. It was created as an independent, not-for-profit organization in 1951 by the American College of Physicians, American College of Surgeons, American Hospital Association, American Medical Association, and the Canadian Medical Association. Its purpose is to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

⁴ *Press Democrat*, October 30, 1955.

⁵ The Santa Rosa Memorial Hospital Auxiliary might have started a chromatic trend by their choice of the term "Rose Ladies" to describe their members, since subsequent hospital auxiliaries in Sonoma County called their members "Blue Ladies" (Hillcrest Hospital) and "Pink Ladies" (Sonoma Valley hospital).

⁶ Nancy Henshaw had gained valuable retail experience in a Montgomery Village toy and model shop and later the Santa Rosa Travel agency she ran with her husband, Ed. She was later to become an auxiliary president and served, as well, on the hospital's lay advisory board, board of trustees, and was a founding board member of the Santa Rosa Memorial Hospital Foundation.

⁷ The author recalls fondly that the hospital Auxiliary provided opportunities for spouses and other family members to be involved together in the Sisters' healthcare mission in Sonoma County. My mother, Rose Maniscalco, was a participating member of the Auxiliary until her death at 94 years of age. She had served for 30 years, first on the gift cart and then, with her pals Verna Fazio and Augusta Seefeldt, as a member of the "dream team" doing lickety-split sorting, stuffing and mailing for a variety of hospital departments. My father, Louis, drove the Auxiliary's "Rose Royce" golf cart that transported patients and visitors from the main lobby to the East Wing elevators, a distance of about 1/8-mile. My sister Kathy volunteered in the Post Anesthesia Recovery Unit; and my wife Joan worked for a time in the Life Learning Center's Reflection House library.

⁸ Sisters' *Chronicles* (undated).

⁹ "Campaign Director's Closing Report," Building Fund Campaign: March 10, 1958 to July 31, 1958, Hugh M. Wilcox, American Fund-Raising Services, Inc.

¹⁰ A popular opinion that has circulated for many years is that Dr. Jenkins “got mad” at Memorial Hospital and decided to build his own facility. Another opinion holds that Warrack was built as a non-Catholic alternative to Memorial. In any event, Warrack opened in September of 1959 with a federal Small Business Administration (SBA) loan. Jenkins sold stock in the corporation and Santa Rosa schoolteacher Helen McAvoy was the major (40%) stockholder. According to former Warrack administrator, Dale Iversen, it was purchased out of bankruptcy in 1963 by Dr. Leon Glaser, an Orange County osteopath, who owned Katella Hospital, as well. In 1996, his widow, Betty, sold it in a 50/50 split to Health Plan of the Redwoods (HPR) and the Independent Practice Association of the Redwoods (IPAR). IPAR later sold their half to Redwood Health Services, and in 2001 Warrack was purchased by Sutter Medical Center of Santa Rosa.

CHAPTER THREE

THE SENSATIONAL 60'S

AT THE TURN OF THE DECADE, as the *Press Democrat* heralded the “Sensational 60’s” in their special supplement of January 31, 1960, a harbinger of the coming turmoil of the next 10 years was reported under the headline “Rx for Health”:

Planning was underway for a \$400,000 Teamster Union-owned clinic in Bennett Valley, the Sonoma County Medical Society had launched its Foundation for Medical Care, and the newspaper reported that in the opinion of local leaders, “Santa Rosa Memorial Hospital is unlikely to evolve into a large, centralized hospital...”

How wrong they were!

Growth and Challenge

Continuous community growth was being felt strongly. The city’s population had doubled to 31,000 in the previous 10 years and the county’s population had increased from 103,405 in 1950 to 147,375 in 1960. The in-migration of medical specialists, attracted by an expanding Memorial Hospital, brought a larger number of patients to the hospital from surrounding areas.

Sr. John Joseph (Frances Dunn) (*right*), who had replaced Sr. Liguori as administrator in 1958, now was the



leader of a regional referral hospital. No longer would Memorial simply be a health care center for Santa Rosa people. It now served more than 212,000 persons in Sonoma, Marin, Lake and Mendocino Counties with specialized medical services. Physicians from San Rafael, Fort Bragg, Ukiah, Sonoma, Bodega Bay and points between were referring their patients to Santa Rosa physicians.

The decade of the 1960's would indeed be sensational for Santa Rosa Memorial Hospital and would include several significant milestones, including:

- Completion of the east wing and the later addition of a third floor
- Opening on campus of the Paul Kelly Cardio-pulmonary Institute
- Implantation of the first pacemaker
- Opening of an inhalation therapy department
- Expansion of the pediatric department from 12 to 22 beds
- Expansion of the x-ray department
- Initiation of a three-year x-ray technician training program
- Opening of the first coronary care unit in Sonoma County
- Formation of the first hospital Lay Advisory Board

The East Wing Goes Forward

By November 1960, three years and \$779,000 after the community fund drive started, ground was broken for the new east wing to house 60 additional beds, including 26 medical beds, 28 surgical beds, a 6-bed intensive care unit (ICU) for critically ill patients, a 10-bed post-anesthesia recovery unit (PACU), physical therapy space (a “fracture room”) and a sixth operating suite. The addition, which was completed in 1962, was designed by local architect J. Clarence Felciano and Associates and built by the local contracting firm of Wright and Oretsky. Originally envisioned as a \$600,000 project, the final cost was \$1,136,347. While the Sisters had hoped that they and the citizens could share the cost equally, public subscription produced only \$343,643 and so the Sisters obligated the hospital to pay the shortfall for the building.

The Kelly Cardiopulmonary Institute



On May 31, 1961, seven years after the untimely death of lumberman Paul B. Kelly, Sr. John Joseph and Paul's widow Lucile scooped up the first shovel of dirt to break ground for the new Paul Kelly Memorial Cardio-Pulmonary Institute. (The name later was changed to the "Lucile and Paul Kelly Cardiopulmonary Institute" to honor Lucile's contribution to cardiac and pulmonary care). During those seven years, the dynamic woman who introduced herself as "Lucile with one 'L'" and lived to be 101 years of age, had sought a memorial that would live and flourish and reflect the courage of the man who inspired it. Internists Dr. Harry Grubschmidt and Dr. Robert Quinn, along with thoracic surgeon Dr. Al Thurlow, who also were present at the groundbreaking, were credited with convincing Lucile to build a facility in Santa Rosa to study heart and lung disease.

Prior to the creation of the Kelly Institute, there were no ways to see inside the heart and arteries, and most blood chemistries did not exist. Venous cardiac catheterization and open heart surgery were performed, but only for diagnosis and correction of acquired and congenital defects and valve disease, not for coronary artery disease.

Lucile formed a non-profit foundation and contributed the cost of the modern building with the proviso that the facility be available to doctors and patients in the county, regardless of their means. The hospital rented the necessary land to the institute for \$1.00 per year and provided maintenance, utilities and housekeeping services. Five months after the formal opening of the institute in May 1962, David Webster was hired by the Paul Kelly Foundation, headed by Lucile, as its technical supervisor. "Originally, I was hired to operate the heart-lung machine in surgery," said Dave. Soon, he would hire the professional staff and direct the institute's daily operations.

The Kelly Institute developed in distinct phases. The initial phase was marked by the construction of the building and preparations for open heart surgery and cardiac catheterization, but there was some opposition to that vision. A “Lamplighter” article that appeared in the 1987 Fall/Winter issue indicated that, “There were skeptics who felt that an institute of this scope belonged to a major medical center and not to Santa Rosa. There were the apathetic who thought the concept was premature. Heart surgery was in its infancy, and many viewed a Santa Rosa-based cardiac catheterization laboratory and open heart surgery team as 10 or 15 years ahead of their time.” As a result, the institute in those early days functioned primarily as a pulmonary physiology laboratory, offering pulmonary function and stress testing, while developing competence in respiratory therapy.

During this developmental period, in 1963, the Kelly Foundation turned over the Institute to the hospital to assume all administrative responsibility. By 1965 most of the activity centered on angiography and pulmonary function studies. Electronic equipment to study lung and heart conditions during exercise was installed, making the institute, according to the press, “the best of its kind in the area north of San Francisco to Portland.” Dennis Spero, who at the time of this narrative celebrated his 40th year of service at Santa Rosa Memorial Hospital, recalled being hired in 1968 to work in the Kelly Institute as an EKG technician and later as a cardiopulmonary technician. “We focused on pulmonary function in those early days,” he said, “It wasn’t until Dr. John Reed arrived in 1974 that we got into doing cardiac catheterizations, although Dave and Dr. Thurlow worked together to perform catheterizations on dogs to build competence in the new procedure.”¹ Later, through the work of radiologist Dr. Russell Dieter, the Institute began offering angiocardiology studies.

The implantation of pacemakers without chest surgery started in 1966, and by early 1973, a newspaper article acclaimed Santa Rosa’s “‘space age machines,’ including blood gas equipment, electrocardiograms, and a new body plethysmograph purchased with a gift from the Kelly Foundation.”

The year 1974 was a banner one. A treadmill for cardiac stress testing was installed, as was “Tele-Trace,” a system for monitoring pacemakers by telephone from anywhere in the county. Also that year, Mrs. Kelly celebrated her “coup” in convincing

Harvard-educated cardiologist Dr. John Reed to move from Duke University to be the institute's full-time medical director. That would be the key to the development of the institute's cardiac catheterization laboratory. Dr. Reed and David Webster worked together, assembling the protocols for catheterization, and cardiac nurse specialist, Phyllis Bogart, went to Duke University to study the procedure. In January 1975, the new team did its first diagnostic study – coronary arteriography with right and left heart catheterization. *(See also the profile of Dr. John Reed in Appendix A)*



Staff of the Kelly Institute taken in 1980: (left to right) Virginia Borden, Lee Dovell, Frank Frazzita, Martin Abrego, Dennis Spero, Alyce Falge, David Webster, Tom Scally, Barbara Wishard, and Dr. John Reed.

A cardiac rehabilitation program called the Redwood Empire Cardiac Exercise Program (RECEP) began in 1979 under the supervision of Katie Torgerson, R.N., a daughter of pioneering medical staff leader Dr. Tom Torgerson. The Young at Heart Run was instituted the following year as a way to build awareness of heart health and also to raise funds for RECEP.

In 1981, after a hard-fought battle with state health officials, Memorial won the right to offer coronary bypass surgery (*see also Chapter Five*). With state approval, heart surgeon Dr. Ted Folkerth and his team became the first to perform bypass surgery here, enabling patients to have the operation locally without going to hospitals in the Bay Area or Sacramento. The same year, the Young at Heart Club was formed. The club's members were veterans of open heart surgery who provided visitation and support to patients undergoing the procedure at Memorial Hospital.

Coronary angioplasty, a treatment for arterial blockage, was introduced to Memorial's angiocardiology laboratory in 1982 by Dr. Richard Miller, offering an alternative in certain cases to open heart surgery. The following year, the Kelly Institute moved to the hospital's new west pavilion, and by the Institute's 25th anniversary in 1987, a new laboratory dedicated exclusively to heart catheterization procedures was opened. Later enhancements included the beginnings of laser angioplasty in 1989 and electrophysiology, under Dr. Peter Chang-Sing, in 1991.² In 2007, ground was broken for construction of the Norma and Evert Person Heart Institute, a comprehensive center to include the cardiac catheterization labs, the electrophysiology lab, two open heart surgery operating rooms, a 10-bed observation unit, and a 9-bed post anesthesia care unit (*see Chapter Seven*).

A Focus on Children



Returning to our account of the sensational 60s, it is 1964. The privately owned Warrack Hospital had been open for three years and Rone Hospital had just opened across the street from Memorial on Sotoyome Avenue. Rone Hospital, which later was named North Coast Health Care Centers, was purchased by Memorial Hospital in 1997 (*see Chapter Six*).

In August 1964, Sr. John Joseph was transferred and Sr. Alma Bachand (*left*) became the

new head of Santa Rosa Memorial Hospital. She stepped into the enlarging health care scene of Northern California as physician and community interest was being focused on the special needs of children. The area's pediatricians were increasingly concerned about their ability to serve their young patients without adequate, separate and specialized treatment facilities. At one point, physician and layperson concerns led to an investigation of creating a separate children's hospital in Santa Rosa, and tours of model facilities in Fresno and the Bay Area were undertaken.

Recognizing the need for a specialized center and fully aware of the high cost of a separate hospital for treating children exclusively, the Sisters agreed to the development of a larger pediatric unit at Santa Rosa Memorial Hospital. In October, a special fund drive, headed by Harold Cohen and Cono DiPietro, raised \$72,000 in gifts and grants from the Auxiliary and the community. Remodeling got underway when contractors Wright and Oretsky began tearing out partitions in the old 10-bed pediatric ward to reorganize the unit into an air-conditioned 18-bed, 4-bassinet facility. Adolescent patients would be separated from younger patients and spaces for isolation and for parents' overnight stays would be added. Hospital employees contributed \$1,000 to the fund and a benefit ball at the El Rancho Hotel sponsored by organized labor pushed the drive over the top. The new 22-bed pediatric department, under the medical leadership of Dr. Douglas Wayman, was opened to the public on August 7 and 8, 1965.

Waves of Medical Concerns

The concerns of pediatricians were one of a series of "waves of medical concerns" for the healthcare services in the region during the first five years of the sensational 60's. Advances in radiology, pathology, urology, anesthesiology, cardiology, vascular surgery, neurology and neurosurgery, pulmonary function testing and treatment, physical medicine, social medicine, etc. were taking place as public interest was developing in the area of government financed health insurance.

The Sisters knew that the recently established Medicare and Medicaid (Medi-Cal in California) programs would significantly impact the delivery of medical care by expanding access to care for seniors and persons without means. As well, Memorial was

operating at 95% occupancy and some patients were being turned away or surgeries were postponed due to capacity constraints. So, they started planning for the long-range growth of the hospital.³

Sr. Alma in 1965 retained Charles Luckman and Associates of Los Angeles to conduct a feasibility study. The study, which was completed by mid-year 1966, called for a multi-story tower addition of 150 beds, enlargement of all departments, and additional parking facilities. The cost of expansion was estimated to be \$8,600,000. An entirely new hospital and convent on a new site was also explored as an option, but the cost of \$17,200,000 plus land acquisition was considered not feasible.

During the time of the Luckman study, and 12 days after the first announcement of Memorial's expansion plan, Warrack Hospital declared a program to enlarge their capacity from 48 to 250 beds, and reincorporate from a private to a not-for-profit to be owned by a Warrack Medical Center Foundation. A 25-member board of trustees was formed and discussions were held with the City of Santa Rosa concerning financing of their proposed expansion. Warrack Foundation leaders requested that the city participate in the building program through the use of their credit, but the city declined. Simultaneously, the Sonoma County Board of Supervisors approved a 135-bed, \$3,500,000 enlargement and modernization of the county facility, which now was called Community Hospital of Sonoma County.

So, now there were three multi-million-dollar plans for hospital expansions in Sonoma County, and stories about yet another \$7 million hospital complex in Rincon Valley were less than enthusiastically received by officials, hospital administrators and physicians. Santa Rosa residents were asking how many hospitals are needed in Santa Rosa, what size, what kinds, and where is the money to come from to build them? The Sonoma County Health Facilities Planning Commission, an affiliate of the Bay Area Health Facilities Association, called a meeting to discuss the problem.⁴

In the final analysis, neither the Warrack Hospital expansion nor the rumored Rincon Valley hospital materialized. The Community Hospital expansion was limited to 19 beds due to the planned closure of a group of non-conforming patient rooms, but a Santa Rosa Memorial Hospital expansion would go forward, albeit more modestly than previously planned.

The East Wing Expands

Memorial's administration and its new lay advisory committee (*see page 43*) decided on a less extensive development project that would add a third floor to the existing east wing, expanding the hospital's capacity to 219 beds. The modest expansion would cost \$643,000 (\$503,000 for construction and \$140,000 for equipment). The local firm of Felciano and Associates, architects for the original east wing, were retained to design the third floor, and Rapp Construction was awarded the construction contract.



The new east wing is seen at the far right of the Santa Rosa Memorial Hospital campus in this aerial photo. Rone Hospital is the V-shaped building in the lower center-left portion of the photo

The addition was officially opened in ceremonies on August 10, 1969. Participants included Mayor Jack Ryerson, who cut the ribbon, Cono DiPietro, chairman of the hospital's Expansion and Development Committee, *Press Democrat* general manager Dan Bowerman, and Dr. Clayton Taylor, chief of the hospital's medical staff. Monsignor John Brinkle, pastor of St. Eugene's Cathedral, dedicated the unit, and Rose Ladies and Rose Buds conducted community tours, pointing out the superb view of the

city, and up-to-date features such as the new patient call light system, all-electric beds (the first on the West Coast), electronic bedside cabinets, and “Nurserver” cupboards in each room, communicating with the corridor.

CCU and More

About the same time of the east wing expansion, work was progressing on the development of the first coronary care unit (CCU) in Sonoma County. “The spirit of cooperation between the hospital and the medical staff contributed to the evolution of services,” said Dr. Tom Torgerson. “When we wanted to have a coronary care unit, [Dr.] Norman Panting and I talked to Sr. Alma about it. She said, ‘I can have my workman make the area into a CCU, but we don’t have any money for equipment.’ So, I said, ‘If I can raise the money, would you do it?’ She said. ‘Sure.’ So I went out and raised over \$50,000 and, on that basis, we were able to have a CCU, one of the first in California.”⁵ Dr. Torgerson and Dr. Panting were instrumental in securing a charitable gift of \$22,000 from Mr. and Mrs. Paul Roemer that started the project on the second floor of Memorial’s existing main building. An additional gift of \$10,000 was donated by the Exchange Bank in memory of its late president Charles W. Reinking, and the new CCU was opened in May 1967.



In this photo, Sr. Alma cuts the ribbon to the new CCU with (left to right) Mrs. Paul Roemer, Dr. Norman Panting and Mr. Paul Roemer.

This period also saw in 1966 an \$82,000 expansion of the hospital's x-ray department and the initiation in 1967 of a full three-year training program for x-ray technicians.

Lay Advisory Board Formed

From its inception – and even before the hospital opened – the local community had been highly supportive of Santa Rosa Memorial Hospital. Community leaders had stepped up to advocate for the hospital and lend their credibility and talents to various fund drives that built and expanded the hospital and provided the resources for its acquisition of up-to-date equipment. In 1967, Sr. Alma formalized that close relationship by the creation of a lay advisory board. The board's first members included the names of many who had been involved in the pioneering efforts to bring the Sisters of St. Joseph of Orange to Santa Rosa. They included the board's president, Elmo Martini, and vice president Dan Bowerman, James B. Keegan Sr., John Klein, Joseph Lombardi, Judge Leslie Manker, Edward Thronson, and Thomas Welch. By 1970, the board had expanded to 36 members (*see Appendix C*). The lay advisory board not only provided invaluable community perspective, but, as we shall see in the next chapter, laid the groundwork for substantial community involvement in governance on the hospital's subsequent board of trustees.

The Philosophy of Health Services

An essential part of the history of the St. Joseph Health System in Sonoma County is the progress that has been made in the implementation of its mission and core values. The organization has always been guided by the Sisters' focus on Gospel values. Their mission, or reason for being, is service propelled by the love of God and the "dear neighbor." In 1965, midway through our account of these sensational 60's, the Sisters adopted a "Philosophy of Health Services" as a guide to help keep all who were engaged in the health care ministry focused on what really mattered.

After all, this was a time of significant change. The new Medicare and Medi-Cal programs greatly increased the demand for health care service of all kinds. There was a growing need to plan and expand, which placed a premium on attracting business-trained persons to lead the Sisters' health care ministries. With the decline in religious vocations, the Sisters were beginning to look beyond the congregation for skilled managers, and the hiring of savvy layperson "co-ministers" offered a challenge to the formation of Catholic health care professionals.

The Philosophy of Health Services laid out in specific and understandable language the purpose and principles that ought to underpin Catholic health care services. This was a seminal work that provided the foundation for subsequent guidelines and directives including the *Vision of Values* (1986), *Commitment to Values* (1991), *Values Standards and Key Indicators* (finalized 1993), the Sisters of St. Joseph of Orange *Directional Statements*, *Manage Growth* guidelines; and the *Values-Based Competency Model* (core competencies for employees and management).

Note: The "Philosophy of Health Services" is an important historical document in the development of values integration throughout the St. Joseph Health System. It is presented below in its entirety.

"The purpose of Catholic health services is to promote Christian community and enhance the dignity of all persons. We hope to accomplish this objective by providing optimal health care services and programs which contribute to the physical, psychological, social and spiritual well-being of the people and communities we serve. As an integral part of the work of the Church, we are witness to the Gospel message and are an extension of Christ's mission of mercy to His people. We are thus compelled to pursue excellence in the care of the whole person – body, mind and soul – in a spirit of love and concern, serving all persons as we would serve Christ.

Principles

We believe that life is a gift from God. Each person's life is of very great value and deserves respect and care in all its stages, from conception until death.

We believe in the values and principles inherent in the Ethical and Religious Directives of Catholic Health Care as promulgated by the United States Catholic Conference and the local Bishop, and we strive to provide health care services in accordance with these teachings.

We believe in the necessity of being a viable organization within the American pluralistic society, fulfilling our social, legislative and community obligations, and insisting as a matter of conscience that our expressed moral position and corporate rights be upheld.

We believe that in ownership and management we have an opportunity to profess excellence in the rendering of health care and to provide an environment that promotes Christian community.

We believe that a Catholic hospital is an essential part of the community in which it is located. It should be vitally interested in the well-being of the local community and it should occupy an influential position in the civic, business and religious spheres.

We believe that all persons associated with us in service should receive recognition of their personal dignity and worth as well as appropriate material compensation in accord with principles of Christian justice.

We believe that all persons in the organization must adhere to moral, professional and institutional standards.

We believe that the spiritual dimension of persons is of prime importance and must be a motivating force in the care of patients and in the development of personnel.

Old Habits Die Hard

“We are witnessing the unmistakable opening of new horizons,” Pope John XXIII had declared upon his accession to the Pontificate in 1958. The cardinal elected for his piety, sweetness of disposition and simplicity of character proved to be a man of will, energy and change. In 1962, after years of preparation, he inaugurated an ecumenical Vatican Council that would be based on his encyclical *Mater et Magistra* (Mother and Teacher), which boldly outlined his social and economic positions and opened the door for the 2,500 participants to concentrate on the renewal of the Church’s duty to promote peace, unity and social concord. His vision was not to be realized until a Second Vatican Council, Vatican II, was convened by Pope Paul VI following John’s death in 1963.

One of the major movements of Vatican II was “aggiornamento” or modernization of the Church (from Italian *aggiornare*: to bring up to date). The emphasis was on renewal, active apostolate of the baptized laity and a return by religious congregations to their original charism or special gift. This proved to be a clarion call for the Sisters and a challenge to meet the new apostolic needs of the Church.

In the past, contact with the outside world had been severely limited. Even dress was a way of keeping the world away. As one Sister said, “I felt so safe in the habit!” The habit for some became a symbol of apartness from the world at large, and younger Sisters particularly began to resent it. Then, in 1967 Pope Paul requested that religious communities hold special “chapters of affairs” on renewal. Changes were made daily in schedules, rank and hierarchy, allowances and alternative living arrangements. But nothing represented the changes of renewal as much as did the giving up of the habit.

Strong factions grew around the issue. Some wanted to retain the religious look to signify their life commitment. Other more vocal groups scorned this “infatuation” with outward appearances, focusing instead not on what one wore but what came from within. As former general superior, Sr. Maura Judge said, “There were some of us who asked for everything, thinking that we would get some of them. Well, we got all of the changes we asked for.”

In May 1968, the Sisters put away the traditional habit in response to the changes of renewal that were taking place in the Catholic Church. During the previous month a rather painful “fashion show” was staged, in which the possible uniforms, alternative styles of habits, and civilian clothes were modeled. A great deal of laughter was heard, though it was constrained and sometimes bitter laughter. For all their insistence that the habit was merely an outward symbol of a more important inward commitment, leaving it behind was the hardest thing they had to do. “Coming out of it,” Mother Louis later reflected, “was like peeling off part of myself.”

Each Sister now was allowed to follow her own conscience where dress was concerned, with the proviso that whatever she wore would be dignified enough to reflect the traditions of the order. Those who wanted to keep wearing the habit were allowed to do so. Those who wished to wear a modified version were permitted that option, as well. But the majority of Sisters chose to wear modern conventional dress.

“I felt like I was naked!” a Sister cried, describing the first day she emerged in public dressed in street clothes. Some of the fashions worn by the Sisters that day could only be described as bizarre (like the orange habit that one imaginative Sister was reported to wear). “We looked like a bunch of refugees those first weeks,” one Sister remembered.”⁶

The turmoil that surrounded the shedding of the habit is a distant memory today. Seemingly all of the Sisters engaged in the congregation's healthcare ministry now wear only a simple wooden cross of St. Joseph to indicate their congregational affiliation.

The Day the Earth Shook

In September 1969, one month after the opening of the east wing's new third floor, Sr. Alma was replaced as administrator by Sr. Mary Esther Lawson (*right*). Sr. Mary Esther had no sooner arrived than a major earthquake on October 1st struck Santa Rosa. The first shock at 9:56 in the evening registered 5.6 on the Richter scale. There was a mild aftershock about one hour later and a second large tremor of 5.5 magnitude one hour after that, followed by a third shake of 3.8 at 5:27 a.m.⁷ In the aftermath of the earthquake, about 14 buildings throughout the city would need to be destroyed due to structural damage, including the iconic Roxy Theater and the Fremont school.



Happily, no hospitals in Sonoma County suffered major structural damage, but Memorial, which is very close to the Rodger's Creek Fault, incurred a fire "of chemical origin" that caused extensive damage to the chemistry lab and the adjacent Kelly Institute. "Elaborate equipment was totaled" and estimates of the damage were in the "hundreds of thousands."⁸ Sr. Esther later reported that damage to the equipment cost \$250,000 plus about \$200,000 in lost revenues to "highly specialized equipment that, since its installation, had reduced by half deaths from sudden heart disease."⁹ A group of hospital supporters, including A.E. Galli, Vernon Garrett, John McDonald, Frank McLaurin and Henry Trione looked into methods of acquiring funds to underwrite the hospital's losses, but to no avail. Fortunately, there were no injuries from the fire or the

earthquake and patients were not evacuated, but it was reported that Sr. Jenny May slipped in the hallway and sustained arm injuries.¹⁰

As the sensational 60's came to a close, Santa Rosa Memorial Hospital was poised for a new decade of accomplishment and a celebration of 25 years of service to the community.

NOTES TO CHAPTER THREE

¹ Animal research has played a vital role in virtually every major medical advance of the last century. Werner Forssmann, the discoverer of cardiac catheterization as a therapeutic procedure in 1929, experimented on dogs as well as himself. His self-experimentation resulted in his expulsion from his position as a surgical resident; but he received in 1965 the Nobel Prize for his pioneering efforts.

² An electrophysiology study, or EPS, is a diagnostic procedure to look more closely at the electrical function of the heart. It is the most accurate and reliable method of evaluating heart rhythm to help physicians determine the most appropriate treatment options.

³ The Federal Medicare and Medicaid insurance programs began in July 1966. Participation in the federally and state-financed health insurance programs opened the doors of all hospitals to an influx of people not previously financially capable of affording services now available to them. Key to the increased utilization of Memorial Hospital during this period was the law which allowed former welfare patients to obtain care in non-county supported facilities. This provision of the law, coupled with a long history of local physician-patient resistance to the Sonoma County hospital, saw a rising Medicare / Medi-Cal patient utilization of Memorial, Warrack, and Santa Rosa General Hospitals. The *Press Democrat* reported over 85% utilization of beds in the three non-government hospitals at this time, while the County facility was averaging less than 50%.

⁴ The passage of the Medicare and Medicaid laws opened the floodgates for hospital expansion plans and many communities began to experience duplication of hospital services. An early attempt to remedy this situation was the development of organizations like the Bay Area Health Facilities Planning Association (BAHFPA), a voluntary, non-profit entity engaged in “rational” planning for regionalized health care services. The health facilities planning associations led to the development of regional Comprehensive Health Planning Associations (CHPA’S) and later Health Systems Agencies (HSA’S) under the federal National Health Planning Act. These regional CHPA’S and HSA’S were given “teeth” to implement state “Certificate of Need” laws designed to reduce spiraling health care costs by limiting bed expansion, capital expenditures over \$100,000 and duplication of regional services that fell outside of regionally determined plans and “bed need.” Sonoma County initially was included as part of the Bay Area Comprehensive Health Planning Association, the regional successor to the voluntary Bay Area Health Facilities Planning Association. Later, Santa Rosa was incorporated into the separately designated North Bay Health Systems Agency, comprised of Sonoma, Napa and Solano Counties.

⁵ *The Lamplighter*, “Treasured traditions, new directions,” Summer 1985.

⁶ *A Compassionate Presence: A Story of the Sisters of St. Joseph of Orange*, Brad Geagley, Sisters of St. Joseph of Orange, 1987 (Revised 1996)

⁷ This was the second largest recorded quake in Santa Rosa. The largest was the famous 1906 “San Francisco” earthquake on the San Andreas Fault, which recorded an astronomical 8.25 in Santa Rosa. While the major damage in San Francisco was the result of the subsequent fire, the damage in Santa Rosa resulted from significant structural damage to buildings.

⁸ *Press Democrat*, “Memorial Loss is Heavy,” News coverage by Carolyn Lund, October 2, 1969.

⁹ *Press Democrat*, October 12, 1969.

¹⁰ *Press Democrat*, “Memorial Loss is Heavy,” News coverage by Carolyn Lund, October 2, 1969.

CHAPTER FOUR

SANTA ROSA MEMORIAL HOSPITAL AT 25

IN SEPTEMBER 1970, Sr. Mary Esther initiated formal discussions with the hospital advisory board and the medical staff concerning the formation of a separate non-profit hospital foundation for the purpose of providing financial aid for the “operation, maintenance and expansion” of Santa Rosa Memorial Hospital. Jack Boston, who had served as a development consultant to Memorial’s sister hospital Queen of the Valley in Napa, was asked to provide details about how such an organization might provide long-range financial support to the hospital. During the months of October and November, he met with the advisory board and in general meetings with the entire medical staff.

Advisory board chairman, Ed Foster, called it the “right idea for the forward thinking hospital in a time of monumental change in the health care field.”¹ With the unanimous endorsement and assistance of the advisory board, support from the community’s physicians, and technical consultation from Mr. Boston, a Foundation Organizing Committee was formed under the co-leadership of Santa Rosa attorney R. Winfield (“Wiff”) Achor and auxiliary leader Mrs. Edward (Nancy) Henshaw (both were also charter advisory board members). The organizing committee was charged with the dual tasks of incorporating the foundation and selecting its first board of trustees from more than 200 community leaders in Sonoma, Lake and Mendocino Counties (*Appendix C*).

Hospital Foundation Incorporates

The new Hospital Foundation of Santa Rosa, as it was named, was incorporated on March 18, 1971. Santa Rosa Junior College President Randolph Newman, Ph.D. was

duly elected by the 36-member board to be its first president; and Henry Trione donated 100 shares of Masonite Corporation, valued at approximately \$5,000, as the initial contribution to the new foundation. At an early meeting of the trustees, Sr. Mary Esther emphasized the urgency of their charge, when she told them that, “The principal cause of our special inadequacies lies in the fact that practically all of our support services are still designed to accommodate our original 90 beds and not the 219 beds we have today. Despite special inadequacies, we have been able to continue to render services to a growing population of patients at the expense of operating inefficiencies.”²

The new foundation board and its various committees dove wholeheartedly into their work. One of their earliest accomplishments was the engagement of the San Francisco-based architectural firm of Stone, Marraccini and Patterson, who were asked to develop a master plan for the orderly replacement and expansion of the existing hospital facilities on the same site.

It is interesting to note that the hospital’s lay advisory board, which had been such an ardent supporter of the new foundation, soon found that the two bodies overlapped each other, particularly with respect to public relations and community ambassadorial functions. At the December 1971 meeting of the advisory board, nine months after the formation of the foundation, the advisory group voted to be “mothballed.” All 36 members of the deactivated board were invited into membership in the foundation and a “select” group of six was asked to serve as foundation trustees, including Haskell (Hack) Boyette, Elmo Martini, John McDonald, Frank McLaurin, Ed Thronson and Tom Welch.

At the foundation’s quarterly meeting in October 1972, an ambitious \$15 million development and building program for Santa Rosa Memorial Hospital was approved. The expansion and modernization plan called for a new medical center to replace the present structure and to be built on the same site, but with the entrance facing Doyle Park Drive. The newest portion of the hospital, the 1962 east wing, would remain and new space for the other patient beds and the major ancillary services would be provided, including additional parking and air conditioning of the entire building. Foundation president Randolph Newman said that the development was, “absolutely essential for the continued growth of our community, and the continued well being of us all.”³

Robert Kerr, who chaired the foundation's development and finance committee, explained that the hospital could procure \$11 million from loans, grants and government subsidies; but the remaining \$4 million would have to come from the community by way of three- to five-year pledges. The building program was projected to begin the following fall 1973; but by January of that year, Sr. Mary Esther informed the hospital's board of directors that foundation efforts to generate required funds from the local community were "simply not going to be successful" in the allocated time. As a result, the hospital had to relinquish a federal allocation that was to serve as an important portion of the hospital's \$11 million contribution to the building effort.

This must have been a great disappointment to Sr. Mary Esther and the board. It was one of the stimuli that led to a very significant decision "to provide a broader base of expertise, through lay community involvement, by reorganizing the hospital's governing board by July 1, 1973."⁴ That decision would ultimately lead to a duplication of effort between the expanded hospital board and the foundation board. Like the earlier lay advisory board, the Hospital Foundation of Santa Rosa would be mothballed for a very long time.⁵ (*See Chapter Six for the continuing story of foundation activities at Santa Rosa Memorial Hospital.*)

Lay Leadership Evolves

Since its opening in 1950, a Sister of St. Joseph of Orange had always served in the position of administrator, with responsibility for leading the organization as well as managing its day-to-day business. As we saw in Chapter Three, changes in the financing and delivery of medical care, along with an increased demand for health care services and a decline in religious vocations, caused the Sisters to reach out to talented laypersons to assist them in leading their health care ministries. This trend was first observed in 1970 when Sr. Esther hired Francis Donohue, C.P.A. as assistant administrator and controller, and it would culminate in the eventual hiring in 1975 of Arthur V. Crandall as the first lay administrator.

From a governance perspective, Sisters of St. Joseph of Orange had always constituted the hospital's boards of directors, as well.⁶ Various Sisters served on those

early boards, and in 1971 the executive council of the congregation approved an amendment to the hospital's articles of incorporation and bylaws to expand the board to include non-Sister members.

The rationale to extend board membership into the community was a good example of the Sisters of St. Joseph of Orange's ability to discern the "signs of the times." The signs of that time in history were well described by Paul Donnelly, director of St. Louis University's hospital administration program, who wrote that, "There are at least two major interests that must be represented in a community Catholic hospital – the interest of the Catholic Church through the arm of the religious community and the interest of the local civic community being served. There has been full representation of the religious community on the board of trustees of a Catholic hospital. It is time to consider the civic community's interest in the Catholic hospital by placing key leaders on the board of trustees at a level where objectives are set and policies devised. This does not mean that the legitimate interest of the religious community should be abrogated.⁷ It does mean that the identity with the local civic community needs to be strengthened and broadened if Catholic hospitals are going to fulfill their rightful role of influence on and leadership in the health care of this country."⁸

Action to organize a revised board was slow in coming due to the "difficult and delicate task of selecting appropriate lay representation from the local community."⁹ The date of February 16, 1973 was tentatively set for the organizational meeting of the new board; but a board would not be seated until late in 1974 with the addition of attorney Wiff Achor, building contractor and former lay advisory board chairman Edward Foster, and Rosenberg's Department Store owner William McNeany.

(Note: Appendix C lists all community persons who have served on the various Santa Rosa Memorial Hospital boards of directors through the years of this history.).

Intensive Care Nursery Opens

During the previous 10 years, new techniques in the respiratory care and monitoring of newborns' nutritional needs had been found to contribute markedly to a decrease in infant

deaths. In November 1970, the Santa Rosa Memorial Hospital intensive care nursery (ICN) opened with six beds (“Isolette” cribs) for the treatment of very sick babies. Initially, the unit focused on the specialized care of premature newborns and those with respiratory distress syndrome, jaundice and other conditions that required a controlled environment and regulated monitoring of oxygen and fluid intake. All babies delivered by caesarian section automatically spent about 24 hours in the ICN for observation to assure that they were breathing properly and that everything else was “in working order.”¹⁰ Some newborns remained in the unit for only one day, while others stayed for as long as four months.

By 1974, in association with Brown’s Ambulance Service, a transport service was instituted for the safe transfer of sick babies from Memorial and other Northern California hospitals to regional ICN’s at the University of California Medical Center and Children’s Hospital’s in San Francisco and Oakland for more extensive treatment, such as open heart surgery.¹¹

Memorial’s continual upgrading of equipment and quality treatment by medical staff physicians and a skilled nursing staff qualified Memorial as the only hospital in Sonoma County to be approved by the State of California’s Crippled Children’s Services (CCS) for the approved treatment of infant respiratory problems.¹² But by 1977, Memorial had lost the CCS sole-provider designation to Community Hospital of Sonoma County, because Memorial did not at that time have on its medical staff a neonatologist – a pediatric specialist in the care of newborns now required under revised CCS guidelines for newborn intensive care units. Community Hospital had been successful in attracting that medical sub-specialty to its ICN by offering to pay malpractice insurance premiums at a time when malpractice insurance rates were soaring for certain high-risk physicians.¹³

With its newly-minted CCS designation, Community Hospital attempted to convince Memorial to close its ICN, but it remained open under the new and non-conflicting name of “comprehensive care nursery.” Several years later, in the 1990’s, CCS instituted new levels of newborn intensive care, which then allowed Memorial to be relicensed as a Level II ICN and Community to be designated as a Community Level III

ICN (as distinguished from a Regional Level III ICN, a designation usually reserved for tertiary care university hospitals such as UCSF).

According to the present ICN manager, Mary Hart, Memorial Hospital currently is a “high functioning” Level II service, because its contract with UCSF provides two board-certified neonatologists (Drs. Eric Margolis and Alan Shotkin) and the ability to care for most babies 28 weeks and older, who do not require to be on ventilators for more than 24 hours. (Such babies can be transported to UCSF by Memorial Hospital’s specialized intensive care newborn transport team.)

As we shall see in Chapter Seven, discussions at the time of this narrative had been initiated to transfer Sutter Medical Center of Santa Rosa’s patients and services to Santa Rosa Memorial Hospital upon Sutter’s announced closure. In anticipation of that milestone, it was thought that Memorial’s current ICN would be expanded from its present 12 beds to 20 beds and will be the centerpiece of an entire floor to be dedicated to the care of mothers and children. The renovated nursery, which was scheduled to open in 2008, also would feature an advanced infant security system and the only neonatal transport team in the north county area

Memorial Celebrates a Silver Anniversary

Sr. Mary Esther Lawson must have felt a bittersweet moment when she cut into the four-tier cake that celebrated both the 25th anniversary of Santa Rosa Memorial Hospital and her own birthday. It would also be her last year as hospital administrator and (while she could not have known) the last time a Sister of St. Joseph of Orange would serve in that capacity, up to and including the date of this narrative.

Willard Hubbell presented her with a bouquet of 25 roses at ceremonies in the lobby of the east wing attended by hospital personnel, community supporters, and Sally Calori, the first baby born in the hospital. Among hospital staff who were present for the celebration was Dylas Tate, the nurse who had cared for Sally in 1950, and was still working in the hospital’s maternity unit.¹⁴

Hubbell and Billie Keegan, who co-chaired the silver anniversary committee, had planned a year’s worth of events including monthly lectures for the medical staff and

hospital employees, hospital department presentations on “The Future We Face,” an open house health fair for the community, career day presentations for high school seniors, a preventive health education series for the public, and various social events like the “Quarter Century Fair” for employees, physicians, volunteers, special guests and their families.¹⁵

Hospital Outgrows Equipment

A newspaper supplement that appeared the following year, detailed Memorial’s phenomenal growth “then and now”:¹⁶

	<u>1950</u>	<u>1975</u>
Licensed Beds	90	219
Average Daily Patients	60	144
Number of Admissions	3,691	10,430
Percent Occupancy	67%	80%
City Population	17,902	64,900
County Population	103,405	244,300
Number of Employees	93	775
Number of Physicians	70	291
Number of Volunteers	125 (1955)	260
Surgical Procedures	1,711	7,926
Emergency Department Visits	815	20,499
CCU Patient Days	0	1,719
ICU Patient Days	0	1,801
X-Ray Exams	0	23,491
Nuclear Medicine Exams	0	1,263
Clinical Lab Tests	0	189,894
Respiratory Therapy Treatments	0	33,565
Physical Therapy Treatments	0	7,265
Electrocardiograms	0	5,619

In an “open letter to the community” that appeared in the same newspaper supplement, Memorial’s new executive vice president and administrator, Arthur V. Crandall, invited the community to join in an “Investment in Health,” a \$1.3 million fund raising campaign to purchase critically needed equipment. Campaign chairman Al Maggini, a Paine, Webber, Jackson and Curtis vice president, called the campaign target “unprecedented in Santa Rosa,” and indicated that some hospital equipment dated back to the early beginnings of the hospital even though there had been a tremendous increase in patient activity (*see chart above*). “Given the level of sophistication in modern health care systems,” he said, “it is paramount that Memorial Hospital has a massive injection of dollars for equipment to enable it to continue giving quality care to this community.”



Arthur V. Crandall is shown here in September 1983 with former Santa Rosa Memorial Hospital administrators (left to right), Sr. Rita Rudolph, Sr. Frances Dunn, and Sr. Alma Bachand.

Major areas that would benefit from the fund drive included the surgery suites (which handled 80% of operations in the service area) and the intensive and coronary care units. Community leaders who assisted Maggini on the campaign steering committee included Edward Anderson, Mrs. Kenneth Brown, Mrs. Hugh (Nel) Coddington, Bill

Hubbell, James Keegan, Robert Kerr, Lee Levinger, William Pedersen, Jack Ryerson, Andrew Shepard, Ralph Stone, Henry Trione, Donald Zumwalt, and Memorial's assistant administrator Frank Donohue.

Memorial's "Firsts"

During the 1970's, the hospital had expanded on a number of fronts, including the opening of a new nuclear medicine department (1971); joint establishment of a radiologic technology school with Santa Rosa Junior College (1971); the addition of respiratory therapy and the beginning of electrophysiology tests in the Kelly Institute (1972); the opening of an education department and a new emergency department (1973); the start of a development department to assist with fund raising (1976); expansions and renovations in the x-ray, maternity and nuclear medicine departments, progressive care unit, ICU, and ICN (1976); accreditation of its continuing medical education (CME) program and opening of a medical library (1977); the start of the employee health department (1978); and initiation of the Redwood Empire Cardiac Exercise Program (RECEP) in 1979.

In addition, hospital and medical staff leaders were attempting to stay abreast of medical advances by bringing them to Santa Rosa as soon as possible. Memorial surely was gaining a reputation for pioneering medical "firsts" to the community, as evidenced by the following array of services introduced during its first 25 years and throughout the remainder of the decade of the 1970's:

- First pacemaker installation (1966)
- First coronary care unit (1967)
- First intensive care nursery (1970)
- First total hip surgery ((1972)
- First cardiac catheterization laboratory (1974)
- First corneal transplant (1974)
- First paramedic base station (1977)¹⁷

Santa Rosa Memorial Hospital's introduction of so many medical firsts to the communities it serves is a legacy that is evident even today, and provides a challenge to excellence for future hospital leaders.

PACE-setters for Children

From its opening in 1950, Santa Rosa Memorial Hospital had been blessed by the support of persons in the local community who were attracted by the Sisters' mission of healing. Community leaders were continually available and willing to assist in numerous fund raising campaigns, as members of the lay advisory board, and the later board of trustees; and, of course, the 45-year-old hospital auxiliary, which over the years had become a pillar of the institution. In June 1978, the hospital's development department extended this trend by organizing a special support group called the Parenting and Childhood Education Committee (PACE) of Santa Rosa Memorial Hospital, who were charged to promote public education in child development and family life.

That was its stated and official *raison d'être*. As well, it was felt that the hospital needed a strategy to recruit and train the next generation of hospital supporters. The group's focus on children and the prestige of the hospital attracted a stellar group of young professionals and their spouses to PACE, including the children of some of Memorial's greatest supporters. Its initial board included Elayne Bernstein, Clem Carinalli, Edie DeMeo, Kathy Dunaway, Ken Escobar, Janet and Dr. Doug Fisk, Margo Jay, Diane and Jim Keegan, Tom Kenney, Judy Leissring, Bill McNeany Jr., Barry Silver, Jeanne Stromgren, and Cathy and Mark Trione.¹⁸

Initially PACE offered films and slide presentations for community groups, as well as public forums on a wide variety of subjects designed to help parents and children in Sonoma County and beyond. Later, PACE would sponsor a popular and successful fingerprinting program for children.

Although PACE was active in promoting parenting and childhood education, they became best known in the public's eye for their sponsorship of an annual Christmas Tree Ball, an elegant dinner dance and Christmas tree raffle that, to this day, has traditionally

kicked off the holiday season in Santa Rosa. Its first gala, “An Old Fashioned Christmas,” was held at the Flamingo Hotel Ballroom on December 1, 1979. The highlight of the benefit ball was the raffling of four designer-decorated Christmas trees, each with its own theme, that were laden with gifts donated by local merchants and sponsors. The donation of \$75 included a gourmet dinner and tickets for an old fashioned children’s Christmas party held the following day with refreshments, trees and a visit to Santa Claus.¹⁹ Proceeds of the ball would benefit Memorial’s maternity, pediatric and outpatient child health programs, as well as related programs in the larger community.

Over the years, the number of raffle trees would grow, special auction trees with fabulous trips would be added, new venues would be tried, ticket prices would be hiked, and the number of ball-goers would increase.

Major Replacement and Renovation

The reader might recall that way back in the 1950’s, Memorial Hospital had begun to experience capacity constraints. An entry in the Sisters’ chronicles in 1957 noted that, “Almost from the time of its completion, the hospital has been considered too small to meet the demands of the community” (*see Chapter Two*). Even with the construction of the east wing and the later addition of a third floor, hospital occupancy was soaring. Memorial’s 219 beds were barely enough to meet the demand of a steadily growing population and an influx of medical specialists.

The dream of a new, modern and spacious hospital had been on the drawing boards for several years, and now it was up to Memorial’s new chief executive Arthur V. Crandall to bring it to fruition. Crandall and his staff began planning almost immediately. Initially they were faced with several distinct options: Remodel the present facility, replace it completely, relocate it on the present site, or relocate on another site. The complete replacement and new-site options were not financially feasible and would have placed a burden on the public in the form of higher hospital charges. Remodeling of the old buildings would have been almost as costly as total replacement in order to meet newly established hospital building codes. As well, it was felt that the hospital should

remain open during construction so that the high demand for services would not be curtailed.

So, relocation on the present site emerged as the chosen alternative. The architectural firm of Stone, Marracini and Patterson (which had been retained in 1971 by the old hospital foundation to develop a master plan) was selected by the board of trustees to design the new hospital.²⁰ Carl W. Olson Construction Company, Menlo Park, was the general contractor. The architectural team was challenged by the oddly shaped hospital site, which was bordered by Santa Rosa Creek. Their solution was to design a unique triangular-shaped building that would follow the contours of the site while respecting the required setbacks for the adjacent Santa Rosa Creek.

In 1976 the hospital applied for a State of California-issued “Certificate of Need” (CON) for its building plans. The project was denied. Memorial filed a lawsuit in superior court in San Francisco and also applied for another CON. The second request was granted and the court ruled in the hospital’s favor. The state appealed the decision, because it held that the Santa Rosa area had a surplus of hospital beds. However, a settlement was negotiated with Santa Rosa Memorial Hospital, which resulted in the receipt of a “Certificate of Exemption” to replace 137 of Memorial’s 219 licensed beds and all of its ancillary departments including administration, cardiopulmonary function, central service, dietary, housekeeping, laboratory, pharmacy, physical therapy, surgery, purchasing and nuclear medicine.²¹ The approval, while it allowed the project to move forward, restricted the size and configuration of patient care areas so that additional beds could not later be added. That decision thus provided for only eight private rooms, far less than desired or demanded by the hospital’s patrons.

State regulations (SB 517) also required testing for seismic activity before a new hospital or additions to an existing one could be constructed. The difficulties facing Memorial were greater than most due to Santa Rosa’s history of earthquake damage (*see Chapter Three*). Memorial was required to perform no fewer than five studies ranging from aerial photographs to test borings, plus soil observations in 625 feet of trenches crisscrossing the building site. Eighty-five thousand dollars later, a final report issued by the state’s Division of Mines and Geology found that although a fault zone was some two blocks from the hospital – in the vicinity of Talbot Avenue – “the risk of surface faulting

at the site is extremely low.”²² No doubt the 30-inch thick walls, 10-inch thick floors, 16,000 cubic yards and 32,376 tons of concrete, and 500 tons of reinforcing steel helped secure the judgment that the building would withstand seismic pressures up to a 9.6 on the Richter Scale.²³

The 142,425-square-foot building program was executed in three distinct phases, as follows:

- Phase I: Replacement of a 6,600-square-foot central plant (utilities and emergency generators – completed in 1980).
- Phase II: Construction of a modern, air-conditioned four-story west pavilion nursing tower to replace 121 beds plus new radiology, cardiopulmonary and nuclear medicine services (Kelly Institute), critical care units (ICU and CCU), surgery, recovery, maternity, pharmacy, new lobby and gift shop, admitting, food service, cafeteria, central supply, purchasing, housekeeping, morgue, mechanical and general service space. The west pavilion also included a serenely beautiful 47-seat chapel donated by the Henry Trione family (*below*) in memory of Mr. Trione’s mother.



The Phase II construction was completed and joined to the existing hospital by a “connecting link” in 1983.

- Phase III, concluded the building program with the razing of the 1950 wing of the hospital and the construction of a west pavilion addition to house emergency services, the clinical laboratory and respiratory therapy. (Completed in 1985.)



Phase II takes shape behind the original hospital building and east wing.

The destruction of the old Art Deco tower was a loss to many who remembered that it was a unique landmark and an icon of earlier times. According to press coverage of

that time, “The sedate Main Street USA exterior” of the hospital was “about to go the way of the old courthouse, junior high and other facades from the small town past. The 50’s pink will be replaced by the 80’s beige, trimmed in stripes of rust color and brick.” But also, large windows gave many rooms “a leafy view looking more like a park than a hospital.” The first floor cafeteria with its air conditioning and creekside deck was “a vast improvement over the cramped, stuffy facility where a fan listlessly stirred the air.”²⁴

Another landmark adjustment – but one that was less visible to the public – was the relocation of the old convent, which had resided behind the hospital since its opening. During Phase II, the 18-room building was divided into five parts and transported, s-l-o-o-w-l-y in the wee hours of the morning down Montgomery Drive to its new site in the orchard next to St. Eugene’s Cathedral, where it served for many years as the offices of Catholic Charities.²⁵ A new convent was built next to the hospital on Doyle Park Drive, but it would later be vacated by the Sisters and used for administrative offices (*see Chapter Seven*).

Back Once More to the Community

The three-phase, \$37,180,000 building program was the most ambitious and expensive expansion in Santa Rosa Memorial Hospital’s 30-year history. Much of the financing was made possible by the City of Santa Rosa, which in 1980 took the unprecedented step of using its city charter powers to obtain \$29,680,000 worth of tax-exempt bonds to help the hospital save an estimated \$15 to \$19 million dollars in interest payments over the 30-year life of the bonds.^{26, 27} The remainder would come from operations, equity, and a \$2.7 million community capital campaign drive.

For that important task, the hospital asked Bank of Sonoma County president and community leader E.D. “Gus” Bonta to serve as general chairman of the building fund program. Bonta’s development council would be responsible for securing gifts and grants to help pay for the third phase of the building program, which was unfunded in the hospital’s financing. Assisting the general chairman were vice chairman Dr. Harry Richardson and coronary care nurse Betty Foster, L.V.N., who led the employee fund drive.²⁸ The drive was launched on April 8, 1979 at a ground-staking ceremony attended

by Mark J. Hurley, bishop of the Santa Rosa Diocese, the congregation's general superior Sr. Maura Judge, hospital board president Al Maggini, medical chief of staff Dr. Ronald Simpson, and Gus Bonta, in his dual capacity as campaign chairman and president of the Santa Rosa Chamber of Commerce.²⁹ Initial support was garnered from employee and auxiliary pledges of \$100,000 each. A poignant pledge was the \$100,000 gift from the Exchange Bank in honor of Obert Pedersen's 90th birthday. Mr. Pedersen had been the Mayor of Santa Rosa who had climbed the cherry tree to pick fruit for Mother Louis in the orchard where Memorial Hospital now stood (*see Chapter One*).



Santa Rosa Memorial Hospital administrator, Art Crandall, is seen here as “ringmaster” of the gala celebration for the opening of the new phase II hospital additions. The circus theme of the event recalled that of the major fundraiser for the original hospital, which was held at the Topaz Room in 1947. Seated participants facing the camera are (far left) Corinne Bayley (then a Sister of St. Joseph), Fr. Anthony Gamble and Msgr. Thomas Keys (center) and Sr. Barbara Jean Lee (far right).



The new Santa Rosa Memorial Hospital (west pavilion, and emergency department)

NOTES TO CHAPTER FOUR

¹ *Press Democrat*, “SR Memorial Hospital Foundation Incorporated,” March 21, 1971.

² *The Lamplighter*, “Foundation is Vital Financial Arm to Hospital,” November/December 1972.

³ *Press Democrat*, “\$15 Million Building Program At Santa Rosa Memorial Hospital,” November 1, 1972.

⁴ *Board of Directors Minutes*, Santa Rosa Memorial Hospital, January 30, 1973.

⁵ No written record of the “mothballing” of the Hospital Foundation of Santa Rosa could be found, but the author recalls having been advised several years by a former board member ago that Sr. Mary Esther had asked the Foundation board to cease meeting “until requested.” Unlike the formal deactivation of the lay advisory board, the foundation simply was left to languish. It was not until the formation in 1992 of the present Santa Rosa Memorial Hospital Foundation that the original fund raising group was formally disestablished.

⁶ On May 3, 1948 an organizing meeting was held at the mother house of the Sisters of St. Joseph of Orange to elect the first trustees to the Santa Rosa Memorial Hospital Corporation. This original board of directors included Mother M. Louis Bachand, Sr. M. Estelle Beauregard, Sr. M. Carmelita Cyr, Sr. M. Laurentia McKeon and Sr. M. Rita Rudolph.

⁷ Beginning in 1974, the Sisters had shared the governance of their hospitals with community boards of trustees. However, they had always been the “sole corporate member” of the St. Joseph Health System with reserved rights over certain key aspects of governance, such as the establishment of annual operating budgets, personnel policies and strategic plans and the hiring and firing of the hospital’s chief executive officer (although today all hospital CEO’s are employees of the St. Joseph Health System). This form of “sponsorship,” was a way for the congregation to ensure that it fulfilled its mission through its health care ministry. It was a congregational commitment to keep that ministry going. The use of the term sponsorship connoted responsibility for the mission, public identity with the mission, connection to the founding spirit and spirituality of the congregation, moral responsibility for the ministry, ability to influence the ministry, and a relationship of support. As we shall see in Chapter Seven, that form of sponsorship would undergo substantial change toward new forms of layperson involvement.

⁸ *The Lamplighter*, “Memorial Hospital Expands Board of Trustees,” January/February 1974

⁹ *Board of Directors Minutes*, Santa Rosa Memorial Hospital, January 30, 1973

¹⁰*The Lamplighter*, “Our Special Rooms for Very Sick Little Ones,” March/April 1974.

¹¹*Ibid.*

¹²CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. The California Department of Health Services manages the CCS program. Larger counties operate their own CCS programs, while smaller counties share the operation of their program with state CCS regional offices in Sacramento, San Francisco, and Los Angeles. The program is funded with state, county and federal tax monies, along with some fees paid by parents.

¹³Interviews with ICN Manager Mary Hart, R.N. and ICN Staff Nurse Wendy Peterson, R.N.

¹⁴*Press Democrat*, “A rose a year to mark hospital’s anniversary,” (undated)

¹⁵*The Lamplighter*, “25 Years of Caring,” Winter 1974.

¹⁶*Press Democrat*, “25 years of caring,” January 19, 1976.

¹⁷Paramedics are a special classification of medical personnel with a level of training and knowledge that equips them to care for patients during the important few minutes after an emergency and en route to the hospital. They are employed by private ambulance companies and fire districts, but receive their patient care direction from a hospital-based paramedic base station. Santa Rosa Memorial Hospital owes its designation to the pioneering efforts of Dr. John McDonald, who had the vision and energy to champion the establishment of a paramedic capability in Santa Rosa.

¹⁸*The Lamplighter*, “An Old Fashioned Christmas,” Fall 1979.

¹⁹*Ibid.*

²⁰*The Lamplighter*, “Operation New Hospital,” Winter 1978.

²¹“Hospital Building Program Outline,” Internal hospital document.

²²*Press Democrat*, “Memorial Hospital receives approval for major expansion,” News coverage by Paul Ingalls (undated)

²³“Construction Background,” Internal hospital document.

²⁴*Press Democrat*, “Memorial Hospital puts on a new face,” News coverage by Catherine Barnett, June 12, 1983.

²⁵ *The Lamplighter*, “Convent Transported to New Home; Building Program Moves into Phase II,” Winter/Spring 1979-80.

²⁶ *Ibid.*

²⁷ Interest rates during that high-inflation period in American history ranged between 17 and 19 percent. The city’s rate under its bond authority was 10%.

²⁸ *The Lamplighter*, “E.D. “Gus” Bonta Heads Building Fund,” Spring/Summer 1979.

²⁹ *Press Democrat*, “Memorial to launch massive building program,” News coverage by Ray Smith, April 3, 1979.

CHAPTER FIVE

TERTIARY CARE EXPANSION

THE COMPLETION IN 1985 of the third and final phase of the building program was a major milestone. With more modern facilities and additional space for inpatient and outpatient care, Memorial Hospital could begin to turn its attention from bricks and mortar to the development of services to meet the health needs of a service area that now extended into Lake and Mendocino Counties and beyond. Central to Memorial's role as a regional referral hospital for Northern California was the development of certain high-profile tertiary care services¹ such as those found in university hospitals.

But, first, there still was one more piece to the capacity puzzle.

Santa Rosa General Hospital

The reader will recall from the first chapter of this history that the privately owned Santa Rosa General Hospital on A Street had been in existence since the influenza pandemic in 1919. The original 20-bed infirmary had expanded over the years to 60 beds, but by the end of the 1970's the facility was old, cramped, underutilized, and in dismal financial straits. As well, California's State Health Plan had identified a surplus of hospital beds in the Santa Rosa area. As a result, health planners tended to look at the wholesale closure of General as a simple solution to Santa Rosa's bed surplus.²

These realities no doubt influenced the decision of General's owners (MacMillan Properties) in January 1979 to sell the aging facility to Santa Rosa Memorial Hospital. But why would Memorial want to buy a hospital that was not economically viable?



Santa Rosa General Hospital

According to Arthur Crandall, Memorial wanted to acquire General so that it could increase the number of beds on its license.³ As we have seen, Memorial was experiencing high occupancy and its recent certificate of exemption allowed the hospital only to renovate and replace its bricks and mortar without adding beds to the state-determined bed need for Santa Rosa. The strategic value of the General Hospital purchase would provide the opportunity to move its licensed capacity to a new Phase IV building to be constructed on Memorial's main campus in "about 1990."⁴ And, the purchase-now-move-beds-later strategy would fall under the radar of state regulators.

Memorial managed the facility for the first year, and on January 4, 1980, the sale became final. Edward Schreck, one of Memorial's two assistant administrators at the time, was named as administrator for Santa Rosa General Hospital. Crandall noted about the purchase that, "It should relieve Memorial of a chronic bed shortage at the main hospital throughout the year and should reduce waiting time for elective surgeries. Even more importantly, the consolidation, by expanding our options for use of resources, will ultimately result in more cost-effective patient care in the Santa Rosa area."⁵

It did not.

Members of the Santa Rosa Memorial Hospital medical staff were reluctant to use the General Hospital services, largely because of the inconvenience of splitting their patients and having to drive across town to a second facility. As well, the building was old and viewed as temporary. As a result, hospital occupancy at Memorial stayed around 90-95% and occupancy at General Hospital failed to increase as anticipated.

In order to help increase admissions and lower costs, a 15-bed St. Rose Alcohol Recovery Center was instituted in 1980; 20 beds were taken out of service; and several hospital functions such as finance, personnel, education and purchasing were shared with Memorial. But by 1983 General was losing money: occupancy sank to 37%, fixed costs were high, and reimbursement was not sufficient to cover the 21-day lengths of stay for alcoholism patients.

The passage of state legislation in 1984 (SB 517) permitted the consolidation of hospitals with common ownership, and allowed hospitals to put excess capacity out of service and place them in suspension for a period of three years.⁶ That serendipitous law convinced hospital planners to move up the timetable for adding General's beds to Memorial's license. Several options were considered and it was decided in 1984 to consolidate General's 60 beds on Memorial's license, increasing its capacity from 225 to 285 beds. Forty-five of those beds were placed in suspension until a Phase IV building could be planned, approved and built to accommodate them.

On July 31, 1984, Santa Rosa General Hospital was closed and then reopened one month later as the St. Rose Center. The remaining 15 beds, which had been transferred to Memorial's license, were utilized at the facility as a 21-day alcohol and drug treatment program, under the leadership Barbara Behnke, R.N., who had served previously as General Hospital's nursing director. St. Rose Center would be the only hospital-based medical-model treatment center in Sonoma County, patterned after the successful model at a sister facility, St. Joseph Hospital in Orange, California.

But, General's new lease on life was to be short lived, and by 1986 the St. Rose Center was closed.

However, the story does not end there and, in fact, takes a unique mission-oriented twist: In a conversation between George Heidkamp (who served as hospital

president from 1984 to 1988) and Sonoma County Supervisor Helen Rudee, Mrs. Rudee threw out the suggestion that the shuttered General Hospital building might be used as a homeless shelter.⁷ The suggestion was not taken seriously at first. Later the opportunity arose to partner with Catholic Charities in a program for homeless families. In 1986, Memorial, in fact, leased the 17,000 square-foot General Hospital facility to Catholic Charities to house the present Family Support Center. The terms of the lease were generous: 10 years with two 10-year renewals at a cost of \$1 per year.

The story of Santa Rosa General Hospital calls to mind the Sisters of St. Joseph of Orange charism – their special gift – of unity and reconciliation: After 65 years of service as a general acute care facility, Santa Rosa General Hospital ceased operations. Yet today, 89 years after it was founded to care for influenza victims, it continues to serve the special needs of some of the most vulnerable of our community’s “dear neighbors.”

Open Heart Surgery Resumes

Memorial’s executive vice president and administrator Arthur Crandall was quoted as having said that, “There never was any question in our minds that cardiovascular surgery would become part of our total heart care program shortly after we started performing cardiac catheterizations in 1975.”⁸ The earliest open heart procedure was open heart massage, performed at Memorial by Dr. Norman Panting when external measures failed and before the introduction of defibrillation (electrical shock) of the heart in the 1960’s. Beginning in 1966, open heart procedures included the installation of pacemakers.

At one point, Santa Rosa Memorial Hospital was licensed to perform cardiovascular surgery, which was consistent with state regulations that required cardiac catheterization and cardiovascular surgery to coexist. But in 1979, the cardiovascular portion of the license was deleted without warning or hearing. Crandall had implemented a cardiovascular surgery program at St. Patrick’s Hospital in Missoula, Montana. He understood the importance of such a program for the future growth and development of Memorial as a regional referral center for Northern California, and made it a top priority. From a more practical perspective, the resumption of open heart surgery on Memorial’s

license would mean that more than 200 persons who were being sent to San Francisco, San Jose and Sacramento for the procedures would be treated locally.

After long but unsuccessful negotiations with the state for this portion of the license, the hospital turned to the courts to resolve the issue. On May 27, 1981, the Superior Court of the State of California in and for the County of Sonoma ruled in favor of the hospital and directed the state to reissue the cardiovascular surgery license. With state approval, heart surgeon Dr. Theodore Folkerth was recruited to come to Santa Rosa from Good Samaritan Hospital in San Jose to head the new cardiac surgery team. In August, Dr. Folkerth performed surgery on the first open heart patient, Robert Kramer, and Santa Rosa Memorial Hospital soon emerged as the heart center for the area north of San Francisco.⁹



One of Santa Rosa Memorial Hospital's most well-known open heart surgery patients, Charles Schulz, is seen here with the Snoopy cartoon he drew on the wall of his 2-west patient room in September 1981.

Plans for Rohnert Park

Federal and state health planning legislation had attempted to control the costs of health care by restricting hospital expansion, but the social experiment largely failed in that effort. State-mandated certificate of need programs, which were at the heart of the health planning program, tended to freeze the status quo and provide de facto franchises to existing hospitals, cushioning them from competition. As well, hospitals that were prevented from adding beds in “over-bedded” areas continued to make capital expenditures in areas not covered by certificate of need laws.¹⁰ A useful by-product of those health planning years, however, was the supply of trained planners who, when the implementing health planning legislation ended, would be looking for work.

For many years, hospitals had engaged in master planning for bricks and mortar projects; now they began to plan “strategically” by recruiting veteran planners from the official health planning agencies to produce data-rich and needs-based, long-range hospital plans that projected scenarios of expected and desired future states. Memorial was one of the first hospitals in Sonoma County to create a long-range planning arm of the board, staff a planning department, and develop a five-year strategic plan. The hospital’s first long-range plan included strategies to broaden emergency care, provide adequate beds and diagnostic services to meet high demand, expand health education programs for health professionals and the general public, and increase medical and surgical outpatient services.¹¹

One of the key tactics in Memorial’s strategic plan was to create a presence in Rohnert Park, Sonoma County’s fastest-growing city. At the time, one of every 12 patients admitted to Memorial was from the Rohnert Park area and every eighth baby born there went home to Rohnert Park. Because of its location eight miles south of Santa Rosa and eight miles north of Petaluma, the younger-than-average population of Rohnert Park offered an attractive patient base for both Santa Rosa Memorial Hospital and the 99-bed Petaluma Valley Hospital (formerly the 50-bed Hillcrest Hospital), which had in 1980 relocated on McDowell Avenue.¹²

After several months of meetings with Rohnert Park community leaders and city officials, Memorial included the following health development in its long-range planning.¹³

- Develop a “Health Services Center” by 1983 on 10 acres of land dedicated to medical purposes and deeded to Santa Rosa Memorial Hospital by the City of Rohnert Park.
- Build a medical office building by fall 1982 on adjacent land purchased by the hospital.
- Build a 40- to 60-bed hospital for the Rohnert Park area by 1989 on the medical site, subject to financial feasibility and certificate of need approval.

In the final analysis, Memorial chose to combine the health services center and the medical office building into one structure and to build it on the adjacent hospital-owned properties. In October 1983, the Rohnert Park Immediate Care Center was opened at 1450 Medical Center Drive to provide convenient care for cuts, scrapes, bruises, broken bones, or minor illnesses at less cost than that of a hospital emergency visit. Initially, a specialist in emergency medicine, under medical director Dr. Richard Gillespie, was available on-site from noon until 9 p.m. weekdays and from 9 a.m. until 9 p.m. on weekends and holidays. The adjoining medical offices housed several major specialty physicians from Memorial’s medical staff including general surgeon Dr. Steve Carey; urologist Dr. Jerome Morgan; orthopedic surgeon Dr. Ernesto Morales; obstetricians Drs. Thomas Garrett and Thomas McCarthy; pediatricians Drs. James O’Malley, Dionicio Ruiz and Thomas Zembal; and cardiologists Drs. James Price, George Smith, James Sheerin, Richard Miller and Thomas Dunlap.¹⁴

By 1985, the name had been changed to the still current Rohnert Park Healthcare Center. The success of the Rohnert Park urgent care facility would provide the model for the future development of the St. Joseph Urgent Care Center at Memorial’s Fulton

campus in west Santa Rosa in 2004 and a third urgent care center that would be on the drawing boards in 2007.

While the certificate of need program ended during the Reagan administration, thus removing the regulatory hurdle for a Rohnert Park hospital, Memorial determined that a hospital on the 10-acre site would not be financially feasible. In 1988, the land that had been deeded to Memorial was given back to the City of Rohnert Park. The city attempted to find another organization to build their hospital, including some highly competitive for-profit hospital chains, but they all reached the same conclusion concerning the financial infeasibility of a Rohnert Park hospital. The City of Rohnert Park eventually turned over a portion of the land for the development of the present Oak View Active Adult apartment complex.

St. Joseph Health System Forms

The passage of Medicare and Medicaid legislation in the 1960's ensured mainstream – almost *carte blanche* – health care for the elderly and the poor. It was as close as Congress had ever come to proclaiming that health care was a right, equally accessible to the nation's most vulnerable populations. Those landmark social programs also brought some unintended consequences, including an increased demand for all kinds of health care services, advancing technology, increased labor costs for specialized health care workers, the growth of for-profit hospital systems, robust competition among hospitals¹⁵ and concomitant double-digit price inflation. The economic impact of these forces was significant.

As we have seen, federal and state governments had tried in the 1970's to choke down hospital expansion and competition for expensive specialized services with limited success. During the 1980's health care regulators refocused their attention from hospital construction and capital purchases to health care financing by attempting to limit the amount of money that would be reimbursed to hospitals for services provided through government-financed insurance programs such as Medicare. Previously, reimbursement for Medicare patients was based on "reasonable costs." Now a new system instituted in 1982 would pay hospitals a fixed amount depending upon the patient's principle

diagnosis (i.e., the reason given by a physician for a patient's admission, in consideration of his or her age, sex, treatment procedure and discharge status). Patients could fall under any of 467 "diagnostic related group" or DRG's. Since payment was set at a flat rate irrespective of the length of a patient's stay, the nation's hospitals were challenged to control and reduce costs through effective coding and discharge planning. Physicians who could provide quality care at a lesser cost would be the new medical staff models. Short lengths of stay, judicious ordering of tests and supplies, and the promotion of preventive care would be valued medical behaviors.

This "prescription for change" would usher in a host of initiatives that presented new and unprecedented challenges for hospitals, including physician contracting for services, joint ventures by physicians and hospitals, more choices in insurance coverage like health maintenance and preferred provider organizations (HMO's and PPO'S), and hospital affiliations and acquisitions.¹⁶

No doubt about it, hospital administration was becoming very complex and fewer and fewer Sisters were available to lead the congregation's health care ministry. In 1970, Paul O'Neil was appointed as hospital coordinator for the congregation; and in 1973, the redoubtable Sr. Jane Frances Power (*right*) took over the position with responsibility to serve as the liaison with congregation leaders and local, state and national healthcare organizations. She was a woman of enormous drive and energy who learned hospital administration on the job. It was she who attended the meetings of the various hospital boards of trustees, conferred with individual hospital administrators, held them accountable, and generally oversaw hospital operations for the congregation. During her term of office, Sr. Jane Frances was successful in organizing the Sisters' eight hospitals into a closer single unit.



In the late 1970's, the Sisters began informal conversations about the complexity of health care. They, as well as other religious congregations, were asking, "Should we be in health care as a ministry?" In 1978, general superior Sr. Maura Judge retained the

services of Colarelli and Associates to help them find an answer to that fundamental question. The answer was affirmative: the Sisters would stay in health care and try to make a difference. Their decision started a dialogue about the development of a systematic approach to the ministry, overseen by the Sisters, rooted in the congregation's mission and 1965 Philosophy of Health Services (*see Chapter Three*), making better use of institutional resources, and responding flexibly to the changing healthcare environment.

Thus, in 1981 the non-profit St. Joseph Health System corporation was formed on paper. Sr. Jane Frances served for a short period as its leader, and later would oversee the development of the system's information services, replacing the older Burroughs and CHIMES systems with the current MediTech system of computerized patient information. She subsequently served as president of St. Jude Hospital and as health coordinator for the Los Angeles Diocese before her retirement.

In March 1982, Robert O'Leary, president of the Illinois Hospital Association, succeeded Sr. Jane Frances as president and CEO of the St. Joseph Health System. Mr. O'Leary led the system's early efforts to establish governing policies and centralize the functions of financial management, marketing, data processing, and legal assistance. O'Leary also assumed the failing Health Plan of America, forming the HMO into a separately incorporated arm of the health system. Under the St. Joseph Health System, the individual hospitals would still enjoy a large amount of autonomy, but the Sisters would retain full ownership of the hospitals, select the system board, approve entity CEO's and financial officers, and control the budget. They would also remain the sole authority on the system's philosophy of health care.¹⁷

In 1983, shortly after the establishment of the St. Joseph Health System, Santa Rosa Memorial Hospital executive vice president and administrator Arthur Crandall formed the local Santa Rosa Health System as a parent company for Santa Rosa Memorial Hospital, Santa Rosa General Hospital and the Rohnert Park Health Services (i.e., the Immediate Care Center, medical offices and hospital site). Crandall's idea was to provide centralized management, enhance access to capital, protect the hospital's tax-exempt status and generally allow greater flexibility in responding to patient needs. This

local health system in some ways duplicated the functions of the fledgling St. Joseph Health System, and was disestablished within a year of its formation.

In 2007, the year this history was being recorded, the St. Joseph Health System celebrated its 25th anniversary. Today, the system is one of the strongest Catholic health care systems in the United States, serving Northern California, Southern California and West Texas / Eastern New Mexico. The Sisters' vision of a health care ministry that would extend into the communities they serve continues to be realized through a full continuum of care from community-based clinics and physician groups; to hospitals, home health agencies, and hospice programs; to diverse and creative efforts that help to create healthy communities; to advocacy for the poor and vulnerable; to monetary assistance for community benefit programs; and to socially responsible investing.

Fr. Gamble's Parting is Sweet Sorrow

One of the distinguishing characteristics of Catholic hospitals is their focus on the whole person – body, mind and spirit. For many years and up to the present, Santa Rosa Memorial Hospital had been the only hospital in Sonoma County to support organized hospital chaplaincy programs. Today, all hospital campuses of the St. Joseph Health System in Sonoma County are served by an area spiritual care department with an interdisciplinary staff of clinically and pastorally trained professional chaplains. But it was not always so.



Since 1964, Father Anthony Gamble (*left*) had been Santa Rosa Memorial Hospital's Catholic chaplain – and its only chaplain. Fr. Gamble had been appointed by the provisional of his order, the Society of the Precious Blood, at the request of hospital administrator Sr. Alma. He was a charter member of the National Association of Catholic Chaplains (NACC), the accrediting body for Catholic professional chaplains, and earlier had served as a hospital chaplain in Dayton, Ohio, and Chicago, Illinois.

Prior to his arrival, Memorial had been served by

Fr. Cletus Kern, C.P.P.S. who was also full-time chaplain of Los Guillicos School, which at that time was a state detention center for delinquent girls. “To care for two full-time jobs was more than Father Kern could do, so I was appointed to the hospital post,” said Fr. Gamble. Although recuperating from a heart condition, Fr. Gamble’s cardiologist felt that it would be safe enough for him to minister to the needs of the sick in a 145-bed hospital. He would serve a total of 16 years from September 1964 to June 1968, and then again from July 1972 to July 1984.¹⁸

In those days, the chaplain lived in the hospital. Fr. Gamble had a suite of connecting rooms with a private bath at the rear of the east wing, rooms 101 and 102.¹⁹ He was surrounded by patients’ rooms and “was thus able to hear the groans and sometimes screams of suffering patients.” Fr. Gamble remembered one night in particular: “I was awakened around midnight or later by the loudest sounds of protest and anger coming from some patient and the determined voices of the nursing staff. Directly across from my room an aged gentleman was giving the nurses a battle royal. One of the nurses said he had been used to having wine with his meals, and since being in the hospital had been deprived of it. The staff had contacted every department to see if they had any wine, and none was to be found. She asked me if I had any, and I said I had some brandy. She said that was wine and would I give her some in a glass. The patient took it in one gulp, laid his head on the pillow and went to sleep. No more noise for the rest of the night. St. Paul said that a little wine was good. How right he was.”²⁰

When Fr. Gamble arrived, there was no chaplaincy department, no office space, no secretary, no associates to share the load, and no place to talk privately to the families of patients. The chaplain was on duty 24 hours a day, six days a week, but was on call for emergencies on his day off. Besides room and board and laundry, his monthly salary was \$250. “In those days,” he recalled with mixed modifiers, “the priest was the whole shebang, lock stock and barrel.” That changed when Sr. Esther arrived as hospital administrator in 1969 and asked Fr. Gamble to establish a proper pastoral care department. Soon Sr. Barbara Jean Lee, Sr. Marian Durand and Sr. Martina Leveille would join the staff to assist with the pastoral duties.²¹

In the summer 1984 issue of the hospital’s magazine, *The Lamplighter*, Fr. Gamble wrote his last “Chaplain’s Corner” article – his farewell. His quotation of Juliet’s

words to Romeo, “Parting is such sweet sorrow” was an apt reflection. Father Anthony Gamble had been an icon. He was greatly loved by the hospital community. He was a formidable presence, ministering to Catholic and non-Catholic patients alike, celebrating daily mass, visible seemingly at all hours and in all places within the hospital, starting every management meeting with a prayer, and leaving memories that are still fresh today for the diminishing number of employees who were privileged to work with him. As he wrote in that farewell, “Life is a series of beginnings and endings.” He would be pleased to know that the pastoral care legacy he established in 1964 is still strong today.²²

The Sky's the Limit

During the early 1980's, the transportation of critically ill and injured patients by air ambulance began to gain acceptance throughout the hospital industry. Knowledge from the Vietnam war had shown that time was a critical factor in the treatment of cardiac and trauma patients. The phrase “time is muscle” was heard often from emergency care advocates who argued for the establishment of air transport capabilities. In California, the first organized program using helicopters to transport patients to hospital emergency rooms was Modesto's Medi-Flight, followed by the Concord-based Cal-Star air medical service.

At one point prior to 1985, at the request of Memorial's emergency department director Dr. John McDonald (*right*), the Sonoma County Sheriff's helicopter was convinced to transport a patient to the hospital. Because the hospital did not then have a helipad, Montgomery Drive had to be blocked off by the police department with fire department standby so that the helicopter could land safely on the street. Subsequently, helicopters inbound to Memorial were landed in a designated section of the parking lot. It was evident that air ambulance service would continue, consistent with Memorial's emerging role as a regional referral hospital for California's north coast, and that a more appropriate and permanent landing site would need to be provided.



Finding the site was the easiest part. The rooftop of the new emergency department, completed in 1985, was large enough to handle most aero medical helicopters, was directly above the E.D., and provided a straight path into the surgery suites. Memorial applied to the Federal Aviation Administration (FAA) and the California Department of Transportation (Cal-Trans) Division of Aeronautics for approval to establish a hospital helipad. The state and federal approvals were relatively easy to obtain, but the award of a conditional use permit from the City of Santa Rosa was another matter.

Since its beginnings in a cherry orchard, the area around Santa Rosa Memorial Hospital had grown into a neighborhood of single family residences. Concerns about the noise and safety of helicopters and the potential of declining property values were deeply felt by the hospital's neighbors, and those concerns were strongly advocated to members of the planning commission and the city council. Numerous meetings were held with neighbors and in front of the commission and the council.

The bi-annual and sometimes annual use permit process proved to be very difficult, emotional and polarizing. The hospital obtained an Environmental Impact Report (EIR) and adopted several recommended mitigations, including established flight paths that would avoid flying over Doyle Park School and as many houses as possible, restrictions in the number of flights, limitations on the time of day when flights could be accepted, and strictly defined criteria for the kinds of cases that could be transported by helicopter. With respect to the latter restriction, the hospital instituted neighborhood committees to review the appropriateness of flights, and held frequent meetings with neighbors to review the program and provide a forum for ongoing communication. Initially, the hospital was restricted to seven flights a month with no landing between 10:00 p.m. and 6:00 a.m.

The restrictions would prove to be hard to implement due to the random nature of medical emergencies. The use permit prompted one physician, pediatrician Dr. Harry Ackley, to write a tongue-in-cheek Letter to the Editor in the *Press Democrat* exhorting the public to be sure to have their emergencies early in the month! Interestingly, the Attorney General of the State of California ruled on July 20, 1994. that "A city may not restrict the number of hours of emergency medical landings and take-offs at a hospital

heliport when issuing a conditional use permit for operation of the heliport.” In essence, state law overruled local jurisdictions, but it was always the hospital’s position to work with the community and to try very hard to stay within permit restrictions, including diverting some flights when limits were reached. However, the hospital could not in good conscience refuse to accept a potentially life-saving flight. In the final analysis, the powerful argument of saving lives overruled neighborhood objections and the hospital was allowed to increase the number of flights to its helipad each time it applied for a use permit.

While the hospital’s helipad could accept flights from the Sheriff’s helicopter and Cal-Star, the most frequent flights were – and still are – made by REACH Air Medical Services. The acronym REACH, which stands for Redwood Empire Air Care Helicopter, was conceived by hospital president George Heidkamp (1984-88). The service itself was established in 1987 by Memorial’s emergency department director Dr. John McDonald, a visionary physician who had long been (in the words of current REACH chief executive, Jim Adams) a “passionate and sometimes maverick” voice for excellence in emergency medical care.²³ Dr. McDonald had been responsible 10 years earlier for the establishment of the county’s first paramedic base station at Memorial Hospital’s emergency department and Hospital Air Transport (HAT). HAT provided the aircraft, aviation and maintenance crews, and the hospital provided the paramedics.



The REACH helicopter is shown landing at Santa Rosa Memorial Hospital's rooftop helipad in June 1987, shortly after the aero-medical service was established. The building in the background is the hospital's Medical Center Plaza completed in 1994 on the corner of Montgomery Drive and Doyle Park Drive.

The REACH helicopter was an Agusta 109, capable of speeds up to 180 miles per hour and the capacity to carry two paramedics and two patients. The sleek, Italian-designed aircraft carried the same equipment as any advanced life support vehicle, including a heart monitor, IV pump, electronic blood pressure monitor, medications, splints and other supplies. The first REACH transport on April 17, 1987, was from Ukiah Valley Medical Center. During its first 53 days of operation, REACH transported 49 patients, 29 of whom received treatment at Memorial Hospital. Most were accident victims or heart attack patients.²⁴

The Memorial-REACH joint venture lasted only one year and was terminated in October 1988, as part of the hospital reorganization by the hospital's new president, Jake Henry Jr. About that time, Dr. McDonald stepped down from the directorship of Memorial's emergency department and entered into partnership with HAT, formed the adjunct Medi-Plane business in 1988, and in 1990 took over sole ownership of the air medical service. He died in a tragic single-engine airplane accident in 2000.

In 2000, following the designation of Memorial Hospital as the County of Sonoma's designated trauma center, the City of Santa Rosa relinquished its use authority to the Sonoma County Emergency Medical Services (EMS) Agency. The need to continually apply for a use permit to allow helicopters to land at Memorial's helipad is no longer an issue, and the hospital's helipad now accepts between 45 and 50 flights per month. Nonetheless, hospital representatives still meet voluntarily with neighbors on a quarterly basis for the purposes of education and dialogue. Suggestions from neighbors are taken seriously.

A Vision of Values

Whatever works of mercy the Sisters are involved in, they have always viewed their work both with and for others as a way to express their values. Historically, the Sisters not only directed but also staffed all of their works in education and health care. Their high visibility created an impact; their very behavior expressed their beliefs. Their actions set the tone, created the climate and established the culture that surrounded their activities.

A clear challenge faced them as it became apparent that the demands for their services in ministry had outgrown their limited numbers, and that the ability to carry out their works faithfully and well depended on a new style of embracing their lay coworkers in partnership. This bonding in ministry with laypersons also presented the Sisters with the opportunity to communicate explicitly their values and beliefs, which had heretofore been handed down in less tangible and sometimes nonverbal ways.

To facilitate the communication of their purpose and their values in the health ministry, the Sisters developed a written statement of their Philosophy of Health Services in 1965 (*see Chapter Three*) and later began a Philosophy Implementation Program; and, as we have seen above, created in 1981 the St. Joseph Health System in order to organize their health ministry more strongly in partnership with laypersons. (As we shall see in Chapter Seven, the continuing progress toward "co-ministry" will reach new heights with the development of the Vatican-approved Public Juridic Person form of Catholic health ministry sponsorship.)

The ongoing challenge would be to find practical and effective means to communicate and integrate the values of the Sisters into the activities of a modern-day health care enterprise. The values would need to be recognizable in planning processes, management decision making, human relations, and everyday face-to-face behavior.

In 1985 the St. Joseph Health System board of trustees established a corporate values committee to develop goals and policies to ensure that the Sisters' and, now, the system's values would remain central. The board also established a special care for the poor task force to recommend specific ways to respond to the Sisters' commitment to serve the medically poor. The values committee was chaired by the system board chairman and president of the Irvine Company, Thomas Nielsen. Sonoma County was represented on the values committee by George Heidkamp, who in 1984 had replaced Arthur Crandall as president of Memorial Hospital.²⁵ Our local representative to the care for the poor committee was Memorial's board chairman Al Maggini.

A result of the committees' work was a set of 18 policies, which were reviewed broadly, adopted in 1986 (revised in 1991) as a framework for implementing the core organizational values of Dignity, Service, Excellence and Justice. These seminal policies were published in *A Vision of Values* document, which served as a de facto manual of values integration. It is an important document in our history, responsible for the development of our current community benefit and advocacy programs, orientations, spiritual care and bioethics programs, periodic review of values standards, charity care policies, assessments of potential affiliations, and more. The major policies contained in *A Vision of Values* are listed below by category:

Everything We Are and Do

Policy 1: All System entities (i.e. organizations sponsored by the St. Joseph Health System) will apply System values throughout all aspects of their operations.

Policy 2: All System entities will employ System values as an essential criterion in the evaluation of all potential business opportunities. If all other needed criteria are met but our values will not be served, the business opportunity will not be considered.

The Commitment of Leadership

Policy 3: All System entities will strive for financial stability by responding to community need, providing excellent service and clinical quality, and applying effective and efficient management practices.

Policy 4: All System entities will apply System values in screening, selecting, evaluating, and giving recognition to employees, trustees, medical staff, and volunteers.

Policy 5: All System entities will provide means to facilitate ongoing understanding and application of System values for all constituencies. Such means will include but not be limited to:

- ~ Orientation to System values for new employees, medical staff, trustees, volunteers and patients

- ~ Systemwide value-based management development program

- ~ Value-based service orientation program

- ~ Periodic refresher orientation programs

Policy 6: All System entities will give expression to their Catholic identity through, e.g. celebration of liturgy and sacraments, fidelity to the ethical and social teachings of the church, cooperation with local parishes, appropriate use of religious art and symbols. All hospitals will have pastoral care departments that meet Systemwide standards.

Policy 7: All System entities will have a means to address ethical issues that arise in patient care as well as in the conduct of business.

Clarity of Communication

Policy 8: All System entities will use as a source document the same common statement of System values (i.e., *A Commitment to Values*, 1991).

Policy 9: All System entities will use the motto, “Helping to heal all we touch,” consistent with System guidelines.

The Importance of Recognition and Accountability

Policy 10: All System entities will be held accountable for effectiveness of values implementation. This will include an annual report to the local board and to the System board based on our Values Standards and Key Indicators. The report will highlight areas of improvement during the previous year and establish priorities for the coming year.

Compassion for the Poor

Policy 11: All System entities will conduct an assessment of the health needs of the poor within their sphere of influence. The assessment is to be revised at least every two years.

Policy 12: All System entities will have a board committee charged with the responsibility to develop policies and programs which address the identified needs of the poor in their sphere of influence.

Policy 13: All System entities will return a percentage of their net income to outreach programs which serve the poor. This percentage is to be determined annually by the St. Joseph Health System board of trustees. These funds are to be placed in the St. Joseph Foundation and allocated according to the following formula:

- ~ 1/2 to be used for local entity initiatives

- ~ 1/4 to be placed in a central endowment fund for a minimum of 10 years (beginning in 1987)

- ~ 1/8 to be awarded through a grant process to System entities

- ~ 1/8 to be awarded to entities outside the St. Joseph Health System service areas

Funds for local entity initiatives are to be used for outreach programs, defined as those services that address a specific unmet need and are separate from the ordinary vehicle of acute health care delivery.

Policy 14: All System entities will develop and maintain a restricted fund for care of the poor. This fund will be administered by the board committee charged with the responsibility for care for the poor with an effort made to educate, cultivate, and motivate the community to participate in the development of this fund.

Policy 15: All System entities will make charity care an important commitment which will be annually monitored by reviewing total dollars dedicated to write-offs.

Policy 16: All System entities will develop means for involving physicians on their medical staffs and in their community in providing direct service to the poor.

Policy 17: All System entities will advocate for the needs of the poor, including influencing public policy.

Policy 18: All System entities will submit an annual report to their local boards and to the System board which will include:

- ~ Major activities of the board committee responsible for care of the poor

- ~ Ways in which physicians, employees, volunteers, and the community have been involved in services to the poor

- ~ A report of the provision of primary care to underserved areas which includes a needs assessment study used to identify underserved populations

- ~ A financial report including criteria and specific use of all funds used to support services to the poor and a review of activities directed toward advocacy for the poor.

Kidney Transplantation

In August 1986, hospital president George Heidkamp held a press conference to announce the beginning of the hospital's kidney transplantation program and to introduce the transplant team consisting of medical director Dr. Desmond Shapiro; urologist Dr. James Palleschi; kidney transplant surgeon Dr. Walter Tom (recruited for the program from the Cleveland Clinic); consulting nephrologist Dr. Robert Zohlman; and the first program coordinator, Karin Engstrom, R.N.

Heidkamp emphasized that the program was consistent with Memorial's emerging role as a tertiary referral center for northern coastal California.²⁶ Prior to the establishment of the transplantation capability, North Coast patients had been sent to centers in San Francisco and Davis, and the team knew that it would take time to build from the initial estimate of 16 transplants a year to the more optimal 26 procedures. Memorial had entered into a cooperative arrangement with the University of California medical centers in San Francisco and Davis and with Stanford University's hospital for organ procurement and sharing, and it was anticipated that there would be more organ donations than recipients at first, which could facilitate access to the precious organs.

While organs could come from both living, close relatives (live-related organs) and from brain-dead persons (cadaveric organs), the only truly scheduled transplants performed would be live-related, scheduled hopefully within 12 hours of the receipt of a tissue-typed kidney. The rate for a successful kidney function at one year, if received from a living relative, was 90 to 95%. Patient survival was even higher, for if the kidney did not survive after one year, the patient would be back on chronic maintenance dialysis.

The Sisters' 75th Jubilee

The year 1987 marked the 75th anniversary of the founding of the Sisters of St. Joseph of Orange. All of the hospitals in the St. Joseph Health System as well as the schools where the Sisters taught co-celebrated with special activities in honor of the milestone. During March and April of that year, Memorial set up displays portraying the history of the

community to coincide with the hospital's recognition of St. Joseph Day (March 19th) and the annual recognition of the Sisters' health care philosophy.²⁷

The largest celebration was a black-tie event on the grounds of the Sisters' mother house and offices of the St. Joseph Health System in Orange. (System staff, coordinated by the system's current president and CEO Deborah Proctor, had previously arranged for the rental of tuxedos for the gentlemen guests who traveled from the various entities.) The highlight of the evening was the unveiling of a magnificent sculpture of "The Valiant Women" (*right*), which commemorated Mother Bernard and the small band of eight Sisters who landed in Eureka in 1912 to start a school; and who later established St.



Joseph Hospital in response to the 1918 influenza pandemic that drew the Sisters into their health care ministry. Following the unveiling, guests were led from the monolithic marble and bronze memorial along a winding path lit by the orange glow (of course!) of scores of *candelaria*, attended by fresh-faced high school students in formal wear, to a large circus tent where representatives of the congregation, health system, and local entity leadership were treated to a festive dinner, commemorative speeches and entertainment by the popular humorist Mark Russell. It was a memorable time.²⁸

Values in Action Awards Established

The declining number of religious vocations in the United States made it difficult for the Sisters of St. Joseph of Orange (as well as other religious congregations) to assure a substantial presence in their health care ministry. As we have seen in previous chapters, the Sisters' response was to carefully select and train lay persons for what they aptly termed "co-ministry." Certainly, their ancient charter encouraged them to seek "persons

of influence” to assist them in “all works of mercy” within the power of the congregation. The call to lay ministry in Vatican II and the efficacy of filling leadership roles formerly held by Sisters only were two reasons for the earlier addition of lay persons as board members and administrators, the development of the St. Joseph Health System, and the philosophy implementation programs in each of the Sisters’ sponsored entities.

The Sisters retention of responsibility for philosophy implementation was a major way for them to assure the integration of a Catholic mission and values within a complex, secular and increasingly competitive health care industry. In the spring of 1988, the health system initiated a program to present annual awards to members of the hospital community whose exemplary behavior consistently and clearly reflected the philosophy and values of the congregation and Santa Rosa Memorial Hospital. All employees, volunteers, trustees and members of the medical staff were eligible to be nominated and selected to receive what then was called a “Philosophy Award.” In its first year, a general award was presented to four persons representing various hospital constituencies. The recipients of the 1988 awards were Cheryl Fox, R.N. (an employee), Dr. Thomas Honrath (medical staff), Yolanda Toschi (volunteer) and Al Maggini (trustee).²⁹

During the following year, specific awards were given for the “Opportunity to Serve” the “Management of Excellence,” and the “Measure of Success.” In 1990 a new values award for “Dignity of Person” was added. In 1992, the award categories were again revised – and continue to the time of this narrative – as Dignity, Service, Excellence and Justice. From the period 1999 to 2001, the four awards were given to recipients in each of the entities in the St. Joseph Health System – Sonoma County (*see Chapter Six for a discussion of System Integration*). Beginning in 2002 and continuing to the time of this narrative, the four awards were presented regionally to persons representing the St. Joseph Health System enterprise in Sonoma County.³⁰

The program, now known as the annual “Values in Action Awards,” has proved to be extremely durable and popular. Criteria for the award are revised from time to time in cooperation with the St. Joseph Health System, a “Call for Nominations” is sent out at a set time each year and promoted broadly, nominations are received for a period of three to four weeks, and selection of the award recipients is made by teams of employees coordinated by staff of the mission integration division. The author recalls that in the

early years of the recognition program, the award recipients, their supervisors, all persons who were nominated for an award, members of the executive team, board of trustees and values committee could all fit into Memorial's cafeteria conference rooms. Later much larger facilities were required to appropriately acknowledge as many as 600 nominees for the four awards.

Beginning in 2007, a separate St. Joseph Team Award was instituted as a means to recognize work groups during National Hospital Week, in order to complement the individual recognition afforded by the Values in Action process.

A Decade of Achievement

The decade of the 1980's was marked by significant improvements in bricks and mortar, values implementation, and the expansion of both hospital-based and community-based services. In addition to open heart surgery, kidney transplantation, trauma care and urgent care discussed in this chapter, one must also recognize several other achievements, including:

- The initiation of a specialized hand rehabilitation program in 1984.³¹
- The use of the hospital as a community classroom for developmentally disabled students from El Colegio School in Rohnert Park, which was started in 1985 and continues to the present day.³²
- The beginnings of home care services in 1985.³³
- The addition of a dedicated cardiac catheterization lab in 1987.
- The addition of mammography in 1988.³⁴
- The addition of extra corporeal shockwave lithotripsy (ESWL) in 1988.³⁵
- Performance of the first laser angioplasty by Dr. Richard Miller in 1989.³⁶
- The start of the 55+ "Senior Class" program in 1989, which attracted 20,000 members at its height.³⁷
- The beginnings of a dental access program for low-income families in 1989.³⁸
- A reunion in 1989 of all persons who had served on Memorial's board of trustees since 1975.³⁹



Hospital CEO, George Heidkamp, is seen here with acting assistant administrator for nursing, Sr. Diane Hejna, with the time capsule that was placed in the wall of the building program's phase III facility.

Gain and Loss

While the period of the 1980's was marked by substantial hospital growth and development, it also was time of great challenge. During the decade, the hospital experienced two strikes by the Staff Nurses Association (SNA), one in 1980 and a second in 1986.⁴⁰ The 1986 strike was a grueling affair, lasting 52 days from October 1 until November 22. The labor stoppage by 408 SNA members was called principally over the issue of the creation of 41 new supervisory positions, which the hospital believed were needed because of the inadequacy of the current ratio of one supervisor for every 80 nurses. Union members initially rejected the plan believing that it would take nurses away from direct patient care.⁴¹



In April 1988, the hospital experienced another leadership change with the appointment of Jake Henry Jr. (*above*) to the dual position of

chief executive officer of Santa Rosa Memorial Hospital and regional president for the Northern California and Texas regions of the St. Joseph Health System. Before coming to Memorial, Mr. Henry had successfully built St. Mary of the Plains Hospital in Lubbock into a 386-bed regional hospital serving 44 counties in west Texas, while achieving remarkable financial gains.⁴² His acumen would prove invaluable to the financial challenges then facing Memorial Hospital. Mr. Henry's immediate challenge would be to stem the flow of red ink at Santa Rosa Memorial Hospital. It would be a major turnaround, for the hospital had lost \$34 million over the prior two years and had been drawing upon its financial reserves in order to fund patient care operations. Henry was able to achieve financial stability quickly. The centerpiece of his strategy in June 1988 was the displacement of approximately one-third of the hospital's workforce, the largest layoff in Memorial Hospital's history.⁴³



In November 1988, one month after Memorial's Kelly Institute had reached the milestone of performing 10,000 cardiac catheterizations, the Institute's founder and patron, Lucile McKay Kelly, died at age 101. Her clergyman, Dr. Frank Hamilton, expressed her philosophy succinctly when he said, "Every day to Lucile was a fresh, new opportunity. She gave to save lives and enrich human spirit. She invested her life in people and lived the belief that 'in giving, we receive.'" Since its inception in 1960, the Kelly Institute had deservedly earned a national reputation for excellence.⁴⁴

NOTES TO CHAPTER FIVE

¹ “Tertiary” care refers to highly specialized medical care usually over an extended period of time that involves advanced and complex procedures and treatments performed by medical specialists in state-of-the-art facilities. The term is distinguished from primary (preventive) care and secondary (acute) care, which is characterized by the general medical-surgical services provided by most small and medium-sized community hospitals. Tertiary care is usually provided in teaching hospitals, but sometimes a mid-size hospital, serving as a referral center for a large geographic area – such as Santa Rosa Memorial Hospital – extends its range of service for the convenience, safety and health of patients. Tertiary care services offered at Memorial include open heart surgery, kidney transplantation, neurosurgery, newborn intensive care, trauma care, hand rehabilitation, and sophisticated orthopedics.

² Personal reflection from the author’s experience serving as the Executive Director of the North Bay Health Systems Agency, which administered the State Health Plan in Sonoma County.

³ *Press Democrat*, “Memorial Hospital buying 60-bed Santa Rosa General,” News coverage by Robert Digitale, January 14, 1979.

⁴ *Ibid.*

⁵ *The Lamplighter*, “General is Now ‘Family,’” Winter/Spring 1979-80.

⁶ *Press Democrat*, “60 hospital beds are added to S.R. Memorial’s capacity,” August 31, 1984.

⁷ Helen Rudee was trained as a nurse and was the spouse of Dr. William Rudee, one of Santa Rosa’s most beloved general practitioners. She had served for many years as a member of the Santa Rosa school board and also served as president of the North Bay Comprehensive Health Planning Association. In the 1980’s she was elected to the Sonoma County Board of Supervisors, and was the first woman in Sonoma County to hold such a position.

⁸ *The Lamplighter*, “Memorial’s Cardiovascular Program,” Fall 1981.

⁹ *The Lamplighter*, “Memorial’s first heart patient six years later,” Fall/Winter 1987-88.

¹⁰ This is the author’s opinion; but it is an opinion that is shared by many others in the health care field.

¹¹ “Description of Santa Rosa Memorial Hospital: Mission and History/Characteristics,” Internal hospital document, February 1, 1982.

¹² While both Memorial and Petaluma Valley hospitals offered to provide services to Rohnert Park, the author (who served at that time as Memorial's planning director) recalls that Memorial was favored by influential city manager, Peter Callinan, a Catholic whose son had been well cared for while at Memorial with a serious illness. As well, Memorial had the reputation, range of services and financial wherewithal to back up its plans with resources. One of the key actions taken by the city to cement its relationship with Memorial was its application to the Local Agency Formation Commission (LAFCO) requesting that the city be taken out of the Petaluma Health Care District, which followed the geographic boundaries of the Petaluma High School District. As the boundaries had been formed before the city was incorporated, the request was easily approved. This gave Rohnert Park more control and Petaluma less control over the planning and development of health care services for the city. It also carved out a significant potential taxing base from the Petaluma Health Care District. Petaluma Valley Hospital attempted to establish an urgent care center in Rohnert Park, as well. However, they were not able to find suitable space in the city, and so, opened the Valley Oaks urgent care facility in neighboring Cotati on the southern border of Rohnert Park.

¹³ The 10-acre site that had been deeded to the hospital was use-restricted for a hospital in the city's general plan. The construction of a Rohnert Park hospital had long been a dream of the city, which was proud of their planned growth and the services they had been able to provide to city residents. As well, local developers were eager to see health-related businesses and services constructed on the vacant lots on Medical Center Drive. Memorial questioned both the financial feasibility and the chance of obtaining regulatory approval for a Rohnert Park hospital. However, Memorial's opinion at the time was that if a hospital could be approved and built, they would be in the best position to do it. As well, as Memorial held the deed to the prime hospital building site, it would be unlikely that a competitor would be able to establish a substantial foothold in Rohnert Park.

¹⁴ *The Lamplighter*, "Cost-conscious convenient care," Summer 1984.

¹⁵ One of Memorial's earliest responses to increased competition among hospitals was the expansion of its planning and public relations functions in 1984 to include a marketing component.

¹⁶ *The Lamplighter*, "Prescriptions for change," Summer 1984.

¹⁷ *A Compassionate Presence*, Brad Geagley, Sister of St. Joseph of Orange, 1987.

¹⁸ "Recollections of a Hospital Chaplain," Fr. Anthony Gamble, C.P.P.S., Carthagen, Ohio, April 20, 1993.

¹⁹ Fr. Gamble would later move to a cottage on Doyle Park Drive, and then across the street to a two-story Cape Cod that had been a temporary convent. After a new convent was built, the cottage became the offices for the purchasing department until it was razed to make room for the present parking structure. The Cape Cod home today houses the Life Learning Center's Reflection House.

²⁰ “Recollections of a Hospital Chaplain,” Fr. Anthony Gamble, C.PP.S., Carthagen, Ohio, April 20, 1993.

²¹ In his recollections, Fr. Gamble often made a point to distinguish between professional training and personal qualities. “With apologies to the people who have been trained so competently in CPE courses, without belittling this professional type of pastoral training, the average hospital patient, in fact the average person wants someone who is filled with love and compassion and genuine interest, rather than someone who is clinically efficient. Although we make mistakes from time to time, I would put up myself and my Sisters to any CPE trained staff.” Of course the two approaches are not irreconcilable and today, it is the goal of the St. Joseph Health System to attract and retain clinically trained and professionally certified chaplains in all of its Spiritual Care departments.

²² That legacy includes an organized Spiritual Care department with professional chaplains who serve all hospital campuses of the St. Joseph Health System – Sonoma around the clock. It also includes volunteer pastoral visitors, Eucharistic Ministers, a beautiful chapel on the main campus, Reflection/Meditation rooms on the Petaluma and Fulton campuses, and access to temporary housing for out-of town patients and families provided since 1982 through the generosity of the Assistance League of Sonoma County.

²³ *Rivets*, 20th Anniversary Issue, REACH Air Medical Services, Spring 2007.

²⁴ *In Touch*, “REACH is rapid transit,” Santa Rosa Memorial Hospital, July/August 1987.

²⁵ George L. Heidkamp was Santa Rosa Memorial Hospital’s seventh president. He was recruited from Chicago, Illinois, where he had served as executive vice president of the 850-bed Northwestern Memorial Hospital. He served as Memorial’s chief executive from 1984 to 1988. (Taken from *The Lamplighter*, “A new man at the helm,” Winter 1984/1985.)

²⁶ *The Lamplighter*, “Kidney transplantation for the North Coast,” Winter 1986-87

²⁷ *The Lamplighter*, “Sisters celebrate 75th jubilee,” Spring/Summer 1987.

²⁸ Personal recollections of the author, who attended the event.

²⁹ *The Lamplighter*, “First annual philosophy awards,” Fall/Winter 1988-89.

³⁰ The St. Joseph Home Care Network, a sister organization, currently identifies four award recipients and co-celebrates the award presentations with the St. Joseph Health System – Sonoma County.

³¹ *The Lamplighter*, “Restoring a unique instrument,” Winter 1984-85.

³² *The Lamplighter*, “Community classroom for special kids,” Summer 1985.

³³ *The Lamplighter*, “Home, sweet home care,” Fall/Winter 1985.

³⁴ *The Lamplighter*, “What you don’t know can hurt you,” Fall/Winter 1988-89.

³⁵ *Ibid.*, “Kidney stone blaster” at Memorial.”

³⁶ *Ibid.*, “Laser angioplasty comes to Santa Rosa.”

³⁷ *The Lamplighter*, “SENIOR CLASS Offers Special Benefits for Seniors,” Fall 1989.

³⁸ *Ibid.*, “Dental Care for Low Income Families.”

³⁹ *Ibid.*, “Past and Present Leaders Hold Reunion.”

⁴⁰ Prior to 1974, employees of not-for-profit organizations were precluded from seeking union representation. After that time, Santa Rosa Memorial Hospital’s staff nurses expressed a desire to be represented, but by a local group and not by an outside organization like the California Nurses Association (CNA). The Staff Nurse Association (SNA) was first organized in 1974 about a year later, according Sue Gadbois, who has served as SNA’s president since 1983. SNA’s first contract with the hospital was adopted in 1976. Employees of the St. Joseph Health System – Sonoma County are represented by two additional unions: the California Nurses Association represents nurses at Petaluma Valley Hospital, and stationary engineers at both Memorial and Petaluma Valley hospitals are represented by a local of the Operating Engineers union. As well, there have been attempts to organize non-nursing employees by the Teamsters and the Service Employees International Union (SEIU).

⁴¹ *Press Democrat*, “Strike tests nurses’ emotions,” News coverage by Chris Smith, October 9, 1986.

⁴² *The Lamplighter*, “Introducing Jake Henry Jr.,” Fall/Winter 1988-89.

⁴³ *Press Democrat*, “Executive who saved Memorial promoted,” News coverage by Carolyn Lund, Undated.

⁴⁴ *Ibid.*, “In Memoriam Lucile McKay Kelly.”

Chapter Six

SYSTEM INTEGRATION

EACH DECADE of Santa Rosa Memorial Hospital's history has been marked by the growth and development of the Sisters' health care ministry: the establishment of the hospital in the 1950's, facility and service expansions in the 1960's, medical and surgical "firsts" and the beginnings of a major hospital replacement in the 1970's; and the growth of tertiary services in the 1980's. The 1990's were no exception. If that time period could be characterized, it might be called the decade of system integration. Since its inception, the St. Joseph Health System had pursued a strategy of building regionally integrated delivery systems by expanding the continuum of services offered, integrating with physicians and improving access to services. This chapter describes how that system-wide strategy led to the creation of the St. Joseph Health System – Sonoma County.



The decade began with the appointment of James Houser (*left*) as Memorial's president and chief executive officer (1990 to 1996) after serving as vice president and chief administrative officer for two-and-a-half years under Jake Henry Jr., who was promoted in the summer of 1990 to oversee all of the St. Joseph Health System's hospitals. One of Mr. Houser's first commitments was to initiate a planning process to assess and update a 1989 master facilities plan.¹

Medical Center Plaza

A key element in the 1989 master facilities plan was the development of what was to be a 50,000-square foot Medical Center Plaza and adjacent 350-car parking facility located near the hospital on the southeast corner of Montgomery Drive and Doyle Park Drive. The medical office was part of a goal to solidify physician-hospital relationships. According to Houser, the hospital needed to look for areas of mutual opportunities “because the challenges for the medical staff and hospital are the same: declining reimbursement for services and a continual pressure for increasingly higher levels of service, quality and accessibility.”² The hospital originally wanted to provide space for physicians near the hospital, but did not want to be a landlord. The plan called for the hospital to build the offices, which then would be purchased by physicians. However, the intended sales did not occur.

Construction of the medical office building began in September 1992 and was completed in 1994. The design team for the project included Beam & Associates, a Southern California development consultant firm; Roland Miller & Associates, a Santa Rosa architectural firm; NBBJ Architects of San Francisco; and Watry Parking Design of San Jose. Special features in the project design included linking the new building to the hospital for computer access and an efficient interior layout that allowed physicians to easily consolidate services and share overhead.³

Santa Rosa Memorial Hospital Foundation

The reader will recall from Chapter Four that a Memorial Hospital Foundation of Santa Rosa had been incorporated in 1971 to develop community and philanthropic support for upgrading the hospital. The reader will recall also that the foundation, a separate corporation, duplicated some of the functions of the hospital board of trustees, was “mothballed,” and languished as a viable entity.

By the 1990’s, the management and boards of trustees of Santa Rosa Memorial Hospital and the St. Joseph Health System realized that the development of loyal and generous donors would be of great value in realizing the system’s vision of regionally

integrated delivery systems. Some of the health system's hospitals in Southern California, notably St. Jude and St. Joseph hospitals in Orange County, had successful fund raising programs, but Memorial had not maintained an active fund development function since the completion of its building program in the mid 1980's.

In September 1991, Memorial's board of trustees unanimously approved the formation of a new Santa Rosa Memorial Hospital Foundation "to assist the Board of Trustees in developing good will and financial support for programs, services and activities that fulfill the healing mission of the Sisters of St. Joseph of Orange and position Santa Rosa Memorial Hospital as a leading innovative Catholic hospital." This time the foundation would not be set up as a separate corporation, but instead would serve as the trustees' fund raising arm. The members of the foundation steering committee were appointed to serve as the first foundation board. Albert A. Maggini, vice president of Merrill Lynch, was asked to head the fledgling foundation as its board chairman. This was a "sure bet," as Mr. Maggini was well respected in the community and had served for 12 years on the hospital's board of trustees, including five terms as chairman. Other members of the foundation's first board of directors included internist Dr. George Bisbee, Sr. Martha Ann Fitzpatrick, Thomas Freeman, Mrs. Edward (Nancy) Henshaw, hospital president Jim Houser, Mrs. James (Billie) Keegan, Ronald Nelson, Edward Pisenti and Eugene Traverso, who also served as the foundation's first vice president.⁴

At its first official meeting on October 22, 1991, the board was informed of progress in the concurrent dissolution of the former Memorial Hospital Foundation of Santa Rosa. Through the efforts of foundation board member Dr. John Reed, the board of the Kelly Foundation in February 1992 voted to dissolve that organization and transfer its assets of \$100,000 to the Santa Rosa Memorial Hospital Foundation for the establishment of a perpetual Lucile and Paul B. Kelly Memorial Fund, a quasi-endowment to promote advances in the diagnosis, treatment and management of heart and heart-related diseases.

In October 1992, the foundation board adopted its first strategic plan, which focused on both the acquisition and development of donors. Donors were to be acquired through ongoing direct mail techniques designed to develop and maintain an active donor base. Supplemental special events, such as the foundation's popular pro-am golf

tournament, would help to promote positive public relations and “raise friends.” Donors would be developed by offering broad-based philanthropic opportunities, like the foundation’s first pooled income fund and major gift campaign to support the hospital’s portion of the Comprehensive Cancer Center (*see below*).

Values Standards and Key Indicators

The core values of the St. Joseph Health System – Dignity, Service, Excellence and Justice – express the organization’s belief and convictions. Central to their role as a values-based organization, the system continually strives to integrate their core values into everything they do. Over time the system had developed several documents to clarify expectations, provide guidance, and promote accountability with respect to their commitment to values integration. *A Commitment to Values* was the basic statement of the system’s core values. This was followed by *A Vision of Values* (adopted in 1986 and revised in 1991), which set forth basic policies regarding the values (*see Chapter Five*).

The *Values Standards and Key Indicators*, which were adopted in 1989, incorporated both of the forerunner documents and provided for the first time a systematic way to measure and evaluate progress in values integration. The document attempts to address “all we are and do” in nine standards for an organization’s progress toward values integration, as follows:

Standard One: Clarification and Integration of Values

“St. Joseph Health System’s Core Values of Dignity, Service, Excellence and Justice have a clear and explicit role in shaping organizational life.”

Standard Two: Catholic Identity

“We are a public ministry of the Roman Catholic Church. We welcome collaboration with others committed to the healing mission of Jesus.”

Standard Three: Communication

“We are committed to effective communication.”

Standard Four: Quality of Service

“We are committed to measure and continually improve quality.”

Standard Five: Quality of Work Life

“We are committed to creating a work environment shaped by health, healing, hope diversity, and mutual respect.”

Standard Six: Advocacy

“We are committed to social and political advocacy on local, state, national and global levels.”

Standard Seven: Community Benefit

“We commit resources to improving the quality of life in the communities we serve, with special emphasis on the needs of the poor and underserved.”

Standard Eight: Business Practices

“We are committed to conducting business ethically, with integrity, honesty and confidentiality.”

Standard Nine: Stewardship and Celebration

“We are accountable for the implementation of the Mission, Vision and Values and we celebrate our success.”

(The reader will note that words of commitment or accountability are evident in each of the standards. Those who are familiar with the sources will also note the strong relationship of these standards to the congregation’s *Directional Statements, Essential Elements for the Healthcare Ministry*, Sponsorship policies, and Catholic Social Teaching.)

Each standard includes from five to nine specific indicators that are designed to measure performance toward the implementation of that standard. While all of the standards are not included in this narrative, a few select and diverse examples are listed below to indicate their specificity and intent:

“A special concern for the suffering and dying is evident in policies and practices.”
(Catholic Identity)

“Communication at all levels is open, respectful, timely, and responsive.”
(Communication)

“Wages and benefits for all employees are just, competitive with the marketplace and appropriate to job responsibilities. A living wage is provided to all employees.” (Quality of Work Life)

“Business opportunities and potential partners are evaluated and selected in alignment with the Mission, Vision, and Values.” (Business Practices) ⁵

The exposition of these values standards and key indicators was only a start. The work of evaluating progress in each of the system’s ministry sites was essential to the ongoing process of values integration. Following publication of the original standards documents, each system hospital and the corporate office undertook a triennial review of all nine standards. At the time of this writing, the various system entities were reviewing three standards each year in order to keep the process of review continually in sight. The multidisciplinary process is managed by the mission integration department. It relies on the work of multidisciplinary teams of employees who evaluate their organization’s implementation of the standards, identify areas for commendation and recommendation, and present a report to senior management, system representatives, and Sisters who are missioned at the organization. An action plan, developed from the priority recommendations, becomes the blueprint for change and improvement in values integration.

The original 1989 Values Standards and Key Indicators were revised in 1991, 1993, 1999 and 2002 and will be continually revised to assure that the core values are the guiding principles for all those who share in the healing ministry of the Sisters of St. Joseph of Orange.

Compassion in Action

Catholic social teaching compels organizations like the St. Joseph Health System to express a special “option” or preference for the poor. A characteristic of this preference is the stepping out from behind the walls of the hospital into the community to address the special needs of poor and vulnerable persons – much like the early Sisters came out from behind the walls of their convents to serve the “dear neighbor” in the streets of Le Puy.

As well, the St. Joseph Health System’s core value of Justice commits the organization to dedicate resources to the care of the medically underserved. Sr. Martha Ann Fitzpatrick, vice president for sponsorship (now called mission integration), called attention to the congregation’s tradition of responding to the needy: “Over the 70-plus years since the Sisters opened their first hospital, people have always been cared for, regardless of their ability to pay. But the problems of access have worsened over the years... and we decided we needed to respond in a more structured way.”⁶

An ancient mandate of the first Sisters of St. Joseph provided a tested and true method for Sr. Martha Ann’s structured approach to serving the needs of the poor:

“They will divide the town into various sectors: visiting the sick and through persons associated with their congregation, they will try to find out what disorders exist in each sector, so that they may remedy them through their own efforts...or through persons who have some influence...”⁷

Following this method, Memorial’s board of director’s care for the poor committee (dubbed the “compassion in action” committee by its chairman, retired Pacific Bell executive John Doolittle) undertook in 1988 a community-wide needs assessment. Memorial’s survey was part of a St. Joseph Health System goal to conduct periodic needs

assessments in each hospital area. The system initiative predated SB 697, California's 1994 law requiring non-profit hospitals to justify their tax-exempt status by reaffirming its mission, completing a community needs assessment and adopting a "community benefit" plan.

The compassion in action committee's initial survey indicated that shelter for the homeless was the top priority need. In 1987 Memorial had leased its Santa Rosa General Hospital building to Catholic Charities for the operation of its Family Support shelter for homeless families (*see Chapter Five*) and also contributed medical supplies, food and financial assistance. So, the hospital turned its attention to the second and third priority needs identified by the assessment: access to dental care and primary medical care.

The high priority need for dental care surprised committee members who learned that the combination of low Denti-Cal reimbursement deterred dentists from taking eligible patients. As well, few people had any form of dental insurance. As a result, one in four of Sonoma County residents were in need of dental care they could not afford, and nationwide one out of three children never visited a dentist.⁸

Dental Access: Having determined the need, Memorial set out to follow the action step of the Sisters' ancient mandate by finding a remedy for the need through its own efforts or "through persons who have some influence." Joining forces with the Sonoma County Public Health Department, Redwood Empire Dental Society and Dental Health Foundation and the dental assisting program at Santa Rosa Junior College, Memorial in 1989 started a small pilot program using the dental facilities at the junior college and the services of volunteer dentists.

But the need was enormous and proved to be a stop-gap measure. A full-scale dental clinic would be needed. With a \$40,000 grant from the St. Joseph Health System Foundation and \$10,000 from the Sonoma County Wineries Foundation, the hospital in June 1990 set up a three-chair dental clinic by renovating the former home health building in the General Hospital complex at 520 Morgan Street. By the fall of the year, the Sonoma County Board of Supervisors awarded the hospital a \$359,500 contract from Proposition 99 tobacco tax revenues to extend dental care to Medi-Cal, County Medical Services (CMSP) patients and other low-income eligible persons.⁹



The original Santa Rosa Memorial Hospital dental clinic was located on Morgan Street.

Mobile Medical Services: Running a very close third to dental access on the needs assessment was the lack of access to primary medical care, especially for children. Language and cultural barriers, especially for Spanish-speaking persons, and lack of transportation were identified as particular problems. Using St. Jude in Fullerton's program as its model, Memorial purchased a converted 36-foot van with two fully-equipped exam rooms, laboratory, waiting area, office space and rest room. Once again "persons of influence" stepped forward to provide the financial wherewithal that would keep the mobile clinic rolling: \$60,000 from the St. Joseph Health System Foundation, \$2,000 from the wineries association, \$5,000 from Hewlett-Packard, and \$25,000 from a Santa Rosa Rotary Club drive spearheaded by compassion in action committee member Larry Bello.

In December 1991, the mobile health clinic rolled into service under the medical direction of family practitioner Dr. Gary Greensweig, one of 120 physicians in the community who had agreed to see clinic patients on referral. Nine volunteer physicians served occasional half-day stints on the van, serving walk-in patients aged 16 years and

Santa Rosa Memorial Hospital's mobile health clinic began in 1991.



younger in three medically underserved areas: Santa Rosa's Roseland community, Petaluma and Boyes Hot Springs. The clinic initially offered basic well-child exams and immunizations, but more than half the children seen exhibited an illness or injury that required treatment. Fully 90% of the clinic's clients had neither public nor private medical insurance and few could contribute toward the cost of their care.¹⁰

Sr. Marian Schubert, the mobile medical clinic's nurse practitioner, expressed the "action" in Memorial's compassion in action program, stating, "I want to make them [the patients] feel special, even though they don't have any money; let them know they are wanted here, and it's a clean, safe environment. It's important to me that it's clean. That says 'you are important to us.' I try to reflect our values in how I treat patients."¹¹



Seen here (l. to r.) are then supervisor of outreach programs Vicki Mayster, Sr. Martha Ann Fitzpatrick, Sr. Marian Schubert, Dr. Gary Greensweig, and clinic assistant Jackie Williams.

Kathy Ficco, executive director of community health clinics and programs, recalled that the mobile medical clinic originally was administered by the Santa Rosa Memorial Hospital emergency department. (Responsibility would later be lodged in a new division that would include both healthy community and health of the community programs.)¹²

In January 1994, Sr. Michaela Rock transferred from Orange to Santa Rosa Memorial Hospital to build the seminal care for the poor programs. Along with the St. Joseph Health System's core value of Justice, the creation of healthy communities by then had become an essential element in both the system's mission and vision statements:

Why we exist: Our Mission - To extend the Catholic health care ministry of the Sisters of St. Joseph of Orange, by continually improving the health and quality of life of people in the communities we serve.¹³

What we are striving to become: Our Vision – To be recognized as a leader in providing regional integrated health care, promoting health improvement, and creating healthy communities.

The year that Sr. Michaela (*right*) arrived, Memorial adopted a broad-based “healthy communities” concept that went well beyond the delivery of health care. The concept was grounded in the World Health Organization’s definition of community health as “all that makes a community healthy: clean air, affordable housing, availability of employment, safe streets, clean water, quality education, and access to medical care.”¹⁴ In order to promote the healthy communities initiative, Memorial created a special community benefit department.¹⁵ It was another way to care for “the dear neighbor” and a way to give back to the community. It was fueled



by the system’s allocation of a percentage of net income to community benefit services and care for the poor; and it was supplemented by the system’s socially responsible investments and advocacy for systems and structures that were attuned to the needs of the vulnerable and disadvantaged.

Building on the concept of healthy communities, Sr. Michaela, as vice president of community benefit, initiated several partnerships and community benefit programs. The first partnership, with Elsie Allen High School in southwest Santa Rosa, provided a medical/health curriculum and a school-based clinic under the medical direction of Dr. Stephen Sheerin. The clinic, named for a Pomo Indian tribal leader and basket-maker, was one of only 50 school-based clinics in California at that time. It was designed to help adolescents lead healthy lives by providing treatment of minor illnesses and injuries, athletic and employment physicals, immunizations, testing for tuberculosis, laboratory tests, and treatment of sexually transmitted diseases.¹⁶

The second partnership was the cross-training of a group of hospital employees to facilitate neighborhood conversations, leadership and actions to allay issues that kept the neighborhoods from being healthy communities. This initiative led to the establishment of the current “Neighborhood Care” staff of community organizers who continue today working in underserved sections across Sonoma County in Santa Rosa, Petaluma, Rohnert Park, Sonoma Valley, and Healdsburg.¹⁷ Their behind-the-scenes contributions as catalysts for social change have included a wide range of self-help initiatives, including neighborhood cleanups, traffic safety, street beautification, dignified working environments for day laborers and farm workers, Latino student mentoring, educational radio shows, an intergenerational community theater group, restricted liquor store permits, violence-free Cinco de Mayo events, advocacy with law enforcement and local government decision makers, and more.¹⁸

Sr. Michaela’s community benefit program was housed on Lombardi Court in southwest Santa Rosa, a quadrant of the city that had fewer clinics, physician’s offices, pharmacies, libraries, parks – the kinds of services that helped to define a healthy community and the kinds of services that were found in the city’s more affluent neighborhoods. A wellness-oriented program for low-income women called SWELL (Self-Care, Education, Linking and Learning) had been started, and on March 19, 1996 the new Southwest Community Health Center was dedicated by Bishop G. Patrick Ziemann of the Santa Rosa Diocese and was presented as a gift from Santa Rosa Memorial Hospital to the residents of the southwest community. Sr. Michaela hailed it as “the right thing to do, because we are playing catch-up in a part of the city with 20,000 residents that has not been noticed.”¹⁹ The center was directed by local residents who served on its board of directors and offered a broad range of multicultural primary care services, such as community health education, well-child and adult exams, immunizations, urgent care, prenatal and postpartum care, and geriatric services. The 20,000-square-foot center also housed the Family and Community Counseling Services and Memorial’s dental clinic which was moved from its original Morgan Street location.

In 1996, Sr. Michaela with assistance from the St. Joseph Health System Foundation, revived an old concept to meet present-day needs. A newly established “House Calls” program echoed the visits to the sick by the first Sisters of St. Joseph

almost 350 years earlier. House Calls provided medical care for persons who were poor, without medical insurance, and homebound because of their infirmities. Some were chronically ill while others required follow-up care for acute care situations. Most were elderly, female and a large number spoke no English. Their complex needs extended beyond medical care to transportation, nutrition education, and assistance with the intricacies of bureaucratic processes. A team consisting of a physician assistant, public health-trained nurse, chaplain, and two home-health aides provided medical and spiritual care and patient advocacy under the medical direction of Dr. Stephen Sheerin.²⁰

The care for the poor and community benefit programs that were established during the 1990's continue to this day and have been supplemented by a variety of programs designed to bring essential services to neighborhoods of families in need throughout Sonoma County, including the following: ²¹

Promotores de Salud (health promoters) are lay health professionals and volunteers who share health information and help people access community health resources.

Mighty Mouth is a school-based dental education program that teaches basic dental care to children.

Home Sweet Home is a program that provides social support to help seniors maintain independence in the home.

Circle of Sisters is a free after-school program for girls 10-14 years of age, held in seven sites across Sonoma County. Designed originally in 2000 to decrease female juvenile violence, the program utilizes journaling, personal sharing, cooking, yoga, guest speakers and other tools to explore issues, connect with peers, enhance self-esteem and confidence, and learn social and life skills.²²

Advocacy – working with the community at large and the St. Joseph Health System – Sonoma County staff on behalf of justice and on local, state and federal issues that build a future of hope and dignity, especially for children and their families.

The Cancer Center



The Cancer Center was built in Fountaingrove in 1995.

For years, Santa Rosa Memorial Hospital and community cancer care physicians had dreamed of a comprehensive outpatient cancer center. In the summer of 1995 the dream would become a reality with the construction of a new cancer center above Highway 101 near the Fountaingrove Expressway in Santa Rosa. The center was built by the Santa Rosa Hematology-Oncology Medical Group, whose offices and outpatient chemotherapy services were relocated there. The centerpiece of the facility was Memorial's radiation therapy pavilion with its state-of-the-art linear accelerator and computer-aided treatment planning software. Other services offered in the center included immunotherapy, pain and symptom control, social work, nutrition counseling, financial counseling, pastoral care, bereavement support, a patient library, and conference rooms for community education programs. Part of the cost of the radiation therapy unit was borne by the hospital foundation's \$1 million major gift campaign, including a pledge of \$250,000 from the

hospital auxiliary and leadership gifts of \$100,000 each from Jean and Charles Schulz and Mrs. Barney Lieurance.²³

The hospital's focus on cancer care was given a boost the previous year (1994) by its designation as a Community Clinical Oncology Program (CCOP), one of only 50 select community-based clinical research programs in the United States to be so designated by the National Cancer Institute. Memorial's seventh-place ranking among 300 applicants was based in part on the fact that the hospital had conducted more breast cancer trials than some university medical centers during the previous year.²⁴

The Re-Turnaround Effort

For several years, Santa Memorial Hospital had been experiencing low employee morale, ineffective systems, and a general lack of community. It was recognized that we were broken, or what Sister Maria Goretti DeCoite described as "unhappiness within the system."²⁵

For the Sisters of St. Joseph of Orange, this was intolerable. Their traditions committed them to fostering a health ministry that affirmed creativity of ideas, respectful exchanges and a quality of work life. Something had to be done.

In November, 1996, on the recommendation of Sr. Joleen Todd and Sr. Michaela Rock, hospital president Bob Fish created a "Re-Turnaround Team" to establish an environment for meaningful change that would "ignite the passion for service, forge attitudes of justice, expect personal excellence and revere the dignity of each person." The team, which was co-chaired by Sr. Michaela and Sr. Joleen, was given the following charter:

- To develop, initiate and implement a plan of action which examines and evaluates the quality of work life at Santa Rosa Memorial Hospital
- To seek broad involvement
- To communicate honestly, clearly and often
- To educate and inform

- To evaluate systems which keep us “working harder, not smarter” and make recommendations for change
- To evaluate the cost/benefit of all significant changes recommended
- To implement approved changes of systems, policies and practices
- To creatively utilize resources within the hospital and its subsidiary St. Joseph Health System and external resources, when necessary²⁶

The members of the Re-Turnaround Team included Jim Adams, Ilona Corser, Bob Fish, Jan Golik, Robin Hagenstad, Kathy Hardin, Larry Maniscalco, John McCollister, Pat Pointer and Russ Seymour. Sr. Maria Goretti DeCoite, Sr. Phyllis Tallerico and Sr. Dorothy Ann Yee served as morale consultants and attended every team meeting to share their unique insights. “We came with an open heart and an open mind, knowing that we were hurting,” said Sr. Phyllis.²⁷

One of the learnings from the work of the Re-Turnaround Team is that each person and each institution could project a spirit of light or a spirit of shadow. The team recognized that wounds were deep and long-standing and that we could not move forward until people were heard, but also that we could not stall on “venting.” As the year drew to a close, all employees were invited to start anew by participating in a “ritual of forgiveness” that unfolded throughout the house on the last day of 1996.

A series of open meetings were held to reach out beyond the small team and include as many employees as possible. The centerpiece of the process was a series of open meetings to explore “how things work at SRMH... and how they don’t.” The dialogue from these meetings was distilled into 75 short- and long-term recommendations for change in the areas of communication, finance, internal systems, human resources and life learning. The key changes that resulted from the Re-Turnaround process included management team building; the use of reflection before business meetings (a practice that continues to this day); renewal of the “Path of Dialogue” communications training program; expanded employee and medical staff newsletters; installation of a modern time and attendance system; a team approach to budget formation (vs. command and control); improved in-house mail and supply delivery; improved housekeeping and facility maintenance; review of salary, benefit and human resource practices; and establishment

of the popular Life Learning Center, computer lab and Reflection House to “stimulate the mind, heal the body and awaken the spirit.”²⁸

Sutter Enters the County

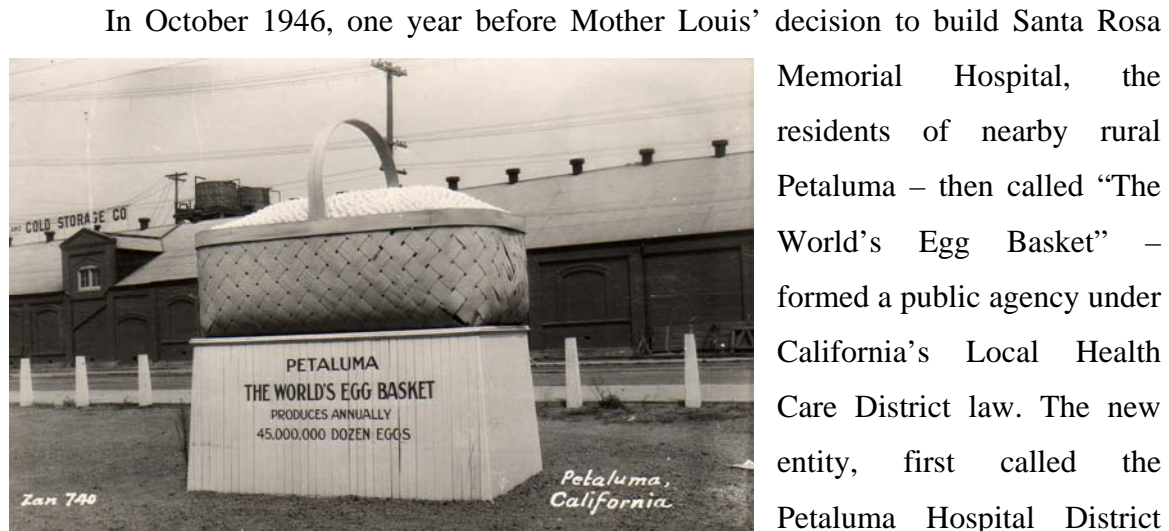
From the period 1990 to 1996, the county’s Community Hospital had lost \$11 million due to a declining number of patients and competition from other North Bay hospitals, including Santa Rosa Memorial Hospital. About midway through the long financial crisis, the county had pursued a process of assessing potential suitors to lease and operate the hospital. A proposal was received from Columbia/HCA, a national for-profit company with 327 acute care hospitals, including at that time Palm Drive Hospital in Sebastopol and Healdsburg General Hospital. A second proposal was received from the Sacramento-based non-profit Sutter Health System, which consisted of 25 owned or operated hospitals in Northern California, including nearby Marin and Lake Counties. Memorial Hospital chose to not submit a proposal, as it would duplicate several of its services and would cost \$10 to \$30 million to renovate the plant and equipment of the aging Community Hospital.²⁹

In 1996 county supervisors agreed unanimously to transfer the lease of the 130-year-old county hospital to Sutter for 20 years at a lease cost of \$14.5 million, and on March 26 of that year, Community Hospital became the Sutter Medical Center of Santa Rosa. Sutter agreed to continue providing care for indigent and HIV patients and continue women’s health services, including abortions.³⁰ (*See Chapter Eight for an update of the Sutter contract.*)

Petaluma Valley Hospital

In 1997, Santa Rosa Memorial Hospital entered into a 20-year agreement with the Petaluma Hospital District to lease and operate Petaluma Valley Hospital. This was a major milestone for both hospitals and a strategic decision that would significantly alter the way they heretofore had implemented their respective and compatible missions. In

order to give the reader a more complete picture of SRMH-PVH affiliation, we will need to step back in history to recall the beginnings of Petaluma Valley Hospital.



and later the Petaluma Health Care District (PHCD), served to provide quality health care services to southern Sonoma County. It was governed by a publicly elected five-member board of directors who served four-year terms of office. PHCD would be one of the first local health care districts in the state and the only such entity not to collect a parcel or property tax.³¹

One of the district’s first actions was to address the shortage of hospital beds in Petaluma by building Hillcrest Hospital at 450 Hayes Lane in the foothills of west Petaluma (*right*). The 52-bed general acute care facility was opened in 1957 and co-existed for several years



along with the older Petaluma General Hospital, a private facility that operated in a converted Victorian home on Sixth and I streets.

In 1962, the Hillcrest Hospital Auxiliary was formed. Their first donation the following year was for \$138.41. The auxiliary's gift shop today provides a major source of their annual financial support of hospital services. The auxiliary's tradition of making "Nimble Thimbles," hand-crafted puppets for pediatric patients, is as popular today as it was in 1962. Their supervision of the Red Cross Candy Strippers in 1965 led to the establishment of a Junior Volunteer Group in 1973 and a scholarship committee one year later. With more than 100 active and associate members, the auxiliary today has undertaken countless Christmas boutiques, dances, fashion shows, a benefit golf tournament, bake sales, and baby photo services on behalf of the hospital.³²

In response to public need, the district in 1980 built the present 81-bed Petaluma Valley Hospital (*shown below*) on North McDowell Boulevard on the east side of the



city. After the February 25 opening of PVH, the original Hillcrest facility was retained by the district and today is leased for the operation of a level III Alzheimer treatment center and a day care center. In addition to owning the PVH and Hillcrest facilities and Hospice

House, the Petaluma Health Care District formed the Petaluma Health Center, a separately incorporated Federally Qualified Health Center and a fund raising arm, the Petaluma Community Health Foundation. As well, it operates an emergency response service called Lifeline; Healthquest, a community education program which teaches CPR and first aid classes; and a variety of other health promotion programs. The district recently sold 5,900 square feet of warehouse space, which it had operated as a source of revenue for several years

For the first 13 years PVH was able to operate at a profit and to afford a measured increase in modernization of its facility and medical equipment.³³ During the early 1990's, Petaluma Valley Hospital experienced the multiple effects of reduced Medicare reimbursement; increasing competition for patients, especially from Kaiser Permanente's Petaluma clinic; and the proliferation of managed care insurance plans that favored contracting with larger health care networks that could provide a wider range of services at lower prices than small stand-alone hospitals. The changes in Medicare reimbursement alone had a chilling effect on hospital revenues, as Medicare accounted for almost half of PVH patients. The combination of all of these effects conspired to create significant losses for Petaluma Valley Hospital.

In 1993, the district attempted to achieve economies of scale by creating a public hospital system under a Joint Powers Agreement with the County of Sonoma (then, the operator of Community Hospital) and the Sonoma Valley Health Care District (operator of Sonoma Valley Hospital). According to PHCD executive director, Daymon Doss, the arrangement, which was termed the Sonoma County Health Care Consortium, fell apart because the assumption of joint powers by a fourth entity would have meant the loss of some powers by each of the parties in the agreement, and this was not an acceptable arrangement for the County of Sonoma. The Petaluma and Sonoma districts met to talk about the possibility of sharing administrative services between their two hospitals while retaining their separate boards of directors. "But it never got past dinner," said Mr. Doss, as the Sonoma representatives felt that Petaluma would grow faster and would eventually be the dominant party in the arrangement.³⁴

The failure of the proposed public hospital system and the PVH-SVH partnership prompted the district in 1994 to issue a Request for Proposal (RFP) in the hope that they

would find a strong private partner to guarantee the continued viable operation of their hospital. Initially, Sutter Health expressed interest as part of their strategy to operate a string of hospitals along the Highway 101 corridor, which would include PVH, Novato General Hospital and Marin General Hospital. (This strategy had been quite successful for them in the Central Valley along Interstate 80.) The district also entertained an inquiry by Columbia/HCA, which then operated Ukiah General Hospital and Palm Drive Hospital in Sebastopol. According to Doss, the district was not really interested in partnering with a for-profit system, but wanted to have several options to look at. Catholic Healthcare West also expressed interest.

By late 1995 James Houser, then regional president and CEO of Memorial Hospital, submitted a “non-binding letter of interest to enter into agreement to lease Petaluma Valley Hospital.”³⁵ Shortly thereafter the PVH board of directors received a letter of support from key members of its medical staff who had “voted overwhelmingly” to enter into a management services agreement with Santa Rosa Memorial Hospital following a three-month period of negotiations. The medical group urged the hospital to adopt a similar agreement with Memorial in the belief that “formal affiliation with a strong regional entity, such as the St. Joseph Health System, will enhance our future ability to provide reliable, excellent health care delivery to our community and contract more effectively with insurers in the managed care environment.”³⁶

The resulting agreement to lease and operate Petaluma Valley Hospital was not concluded until January 19, 1997. By then, Houser had been succeeded by Memorial CEO Robert Fish (*right*), a systems builder who had recently formed a multi-hospital network for Valley Care Health System in Pleasanton, California. The agreement originally envisioned by Houser in his original letter of interest was for a term of 10 years with options to renew for two additional 10-year terms. The final agreements (a more comprehensive Transfer Agreement and a Lease/Affiliation Agreement) stipulated a lease term of 20 years with a 10-year early termination option by the district. The actual parties to the agreements were the Petaluma Health Care District, Santa Rosa Memorial



Hospital, and a specially-formed not-for-profit 501(c)(3) corporation called SRM Alliance Hospital Services. The salient points of the affiliation agreement that were in effect in 1997 were as follows:

- ~ Maintenance of PVH licenses, core services, facilities and non-profit status
- ~ Operation of PVH as a Community Model (*see below*)
- ~ Non-competition with the District's clinic, Lifeline and certain surgical reproductive services
- ~ Collaborative fund raising
- ~ District consent for subsequent affiliations, restructuring and other arrangements that would alter the agreement
- ~ The provision of set amounts of charity care and support of the free clinic

The path to the agreement was reasonably smooth. During the negotiating process, the *Press Democrat* sued the district for what they considered to be violations of the Brown Act by meeting in private. The newspaper prevailed. The issue of women's health services, particularly the continued availability of abortions on demand, was the most contentious aspect of the proposed agreement. The solution is credited to the district's attorney, Joseph Sheeks, who discovered a similar situation that occurred between Catholic Healthcare West and Sierra Hospital in which the latter was admitted to the Catholic health system as a "community model" hospital and not as a Catholic hospital. The community model was defined in the transfer agreement and a corollary policy statement the included the following salient provisions:

- ~ PVH will not be operated as a religious facility.
- ~ Respect for all religious traditions will be demonstrated and religious symbolism will not be displayed in the hospital.
- ~ Services prohibited at the Hospital and any of its related facilities shall only include assisted suicide and in vitro fertilization and abortions.³⁷

In order to maintain the prohibited services, the district agreed to offer a "free-standing surgical suite for the performance of abortions, vasectomies and other minor

surgical procedures common to a physician office practice or primary care clinic that do not compete with any procedure currently provide by Alliance.”³⁸

The adoption of the community model offered a workable solution. According to Daymon Doss, it proved to be a satisfactory arrangement, approved by Bishop G. Patrick Ziemann of the Santa Rosa Diocese and the members of the district board who opted for the “greater good” of the affiliation.

The total consideration for the hospital lease and equipment purchased was \$11,711,372. Additionally, SRM Alliance was obligated to fund hospital improvements in the amount of \$500,000 per year or \$14 million over the course of the 20-year lease.³⁹

At one point during the affiliation agreement, the hospital’s obstetrics department experienced a shortage of registered nurses that could have compromised patient safety. The unit was closed for two months while efforts were made to rebuild the nursing staff. As well, several actions and personnel improvements were initiated, including the adoption of level I perinatal guidelines, appointment of an interim department manager, expanding the use of experienced contract (“traveler”) nurses, hiring bonuses for new hires, enhanced recruitment, attracting two new OB/GYN physicians, and a positive accreditation review. These efforts had a positive impact on the sustainability of the obstetrical service, which remains open today.⁴⁰

In 2005 the district conducted a year-long due diligence process to evaluate the 10-year termination option in the lease agreement. The district conducted extensive public and focus group surveys and 10 public meetings, as well as financial and quality data from PVH, state and national sources. In a letter to Sr. Carol Marie Kelber, chairperson of the PVH board, district board president Josephine Thornton indicated that “...we are not going to exercise our right to option per the lease agreement. Petaluma Valley Hospital will continue to be operated by the SRM Alliance Hospital Services.”⁴¹

In 2005 and again in 2006, Petaluma Valley Hospital received a Five-Star Service Award for exceeding patient expectations from Avatar International, a company that measures patient satisfaction for health care organizations around the world. As well, PacifiCare, a major provider of health care plans in California, ranked PVH in 2006 in the top 10% of Northern California hospitals for best practices. Some of those best

practices included the hospital's performance of artificial disc replacement, an advanced spinal surgery.

Over the past 25 years, Petaluma Valley Hospital has continued to grow technologically, including advanced diagnostic radiological equipment, like a CT scanner and MRI, which rivaled those of large city hospitals; the opening of a family birthing center and day surgery unit; and the extensive remodeling and expansion of the emergency department. In 2006, the Petaluma Hospital Foundation completed an ambitious capital campaign that raised more than \$1 million for advancements, such as a state-of-the-art digital imaging center and "CareWatch," an electronic intensive care unit established at both PVH and Memorial Hospital in 2007 (*see Chapter Seven*).

Oakmont Medical Suites

Crosswalks for coveys of quail, manicured golf courses, and glorious scenery were amenities of the Oakmont adult community in east Santa Rosa. But the residents who for years had driven to central Santa Rosa or beyond for medical appointments indicated in a 1996 survey that more health services were needed there. In response, Memorial Hospital in 1997 stimulated the development of the Oakmont Medical Suites, a multi-service health facility on Oakmont Drive. As chief tenant of the 10,000-square-foot building, the hospital operated a radiology unit and shared space with a range of providers including a satellite clinical laboratory (Unilab); audiology services (Dr. Peter Marincovich); a dental office (Dr. Douglas Chase); home care (Home Care Partners) and durable medical equipment (Northern California Home Care); physical, speech and occupational therapy and WorkCare occupational health services (North Coast Health Centers); and physician services (Brookwood Internal Medical Associates).⁴²

North Coast Health Care Centers

In 1998, one year after the Petaluma Valley Hospital affiliation, Santa Rosa Memorial Hospital purchased North Coast Health Care Centers, thus extending its integrated network into psychiatric care, acute and sub-acute rehabilitation, occupational health, and

a variety of outpatient services. The addition of North Coast's 138 licensed beds gave Memorial control of 454 hospital beds in Sonoma County, more than 2½ times Sutter Medical Center of Santa Rosa's 175 beds. CEO Robert Fish explained the merger by sharing Memorial's strategic vision of "a seamless continuum of services in the community."⁴³

An internal communication at the time of the purchase expanded on the theme of the "seamless continuum" of services: "Our working relationship with NCHCC reaches back many years. The excellence of the NCHCC rehabilitation and acute psychiatric programs, our shared medical staff and the convenient location of the facility has helped to forge a natural referral relationship."⁴⁴ Organizationally, NCHCC was a health care center that operated two acute hospitals (one on Sotoyome and another on Fulton Road) and four outpatient centers (three in Santa Rosa and one in Petaluma). As well, the NCHCC program included occupational health, physical therapy and home health services that complemented Memorial's expanding continuum of care which included wellness education, community benefit, primary care and referral physician services, urgent and emergent care, trauma services, outpatient care, hospitalization, sub-acute care, home care, home infusion and hospice.

North Coast had been established in 1964 as Rone Hospital on Sotoyome Avenue, across the street from Memorial's Montgomery Drive main campus. Its founder, Irmgard Sepulveda Rone, was a nurse whose dream was to provide high quality in-house physical therapy services to skilled nursing patients – an innovative concept at that time. Rone went through several owners and name changes. In 1976 it was purchased by nine investors who started a rehabilitation center and changed the name to Brookwood Hospital. The facility was managed by Portland-based Brim and Associates until 1988. In 1985, Brookwood was sold to Santa Rosa psychiatrist Dr. Daniel Marrin. Penn and Carlson, a physical therapy practice (now called Montgomery Center) was purchased in the same year to expand the capacity for outpatient services. The name of the hospital changed again to North Coast Rehabilitation Center and a local hospital board of directors was established to provide community support. In 1990, the Belden Center, a long-term residential facility for neurologically impaired persons, was purchased; and in 1994, North Coast opened a 50,000-square foot facility, known as the West Campus, at

1287 Fulton Road, in the site originally built to house the failed Community Psychiatric Centers. The expansion allowed North Coast to extend its reach into occupational health services (WorkCare), rehabilitation, and psychiatric services.

Over the years, North Coast had made overtures to several suitors, including Columbia/HCA, Healthcare Corp., and NovaCare. No deals were struck. But in 1995, Health Plan of the Redwoods, an independent practice association, bought half of North Coast. In 1996, the hospital's name again was changed to North Coast Health Care Centers. In 1998, HPR sold back its half of the business to Dr. Marrin.⁴⁵

The region's largest private provider of rehabilitation and psychiatric services with approximately 400 employees then was purchased by Santa Rosa Memorial Hospital. The North Coast name was retained for a period of time after the affiliation; and on July 1, 2003, the various North Coast entities were renamed to reflect Memorial's by assuming the name of Santa Rosa Memorial Hospital on the signs of its Montgomery, Sotoyome, Fulton, and Hoen Avenue campuses.⁴⁶ The rehabilitation and psychiatric services would continue to operate for 10 years before changes that would occur in 2008 (*see Chapter Eight*).

St. Joseph Health Foundation

The year 1999 marked the apex of steadily increasing health insurance premiums in the United States. By the following year, premiums began a dramatic decline fueled by the growth of managed care contracting. It would be the end of the preferred-provider era and the start of the managed care era. Under managed care, insurers would pass on risk to physicians and hospitals.

During this time, groups of providers began to organize across the state and the nation in order to accept risk in return for a "capitated" payment. Under capitation, providers were paid a set amount per month for each "life" under their care, irrespective of what services that patient would need; and therein was the risk. In order to control rising costs, the patient's primary care physician became the "gatekeeper" for his or her care, deciding what medical interventions would be required, including referrals to specialists. The plans required PCP's to accept the role of "gatekeeper" because they

believed they would be most successful in controlling health care costs. This was a sea change for the specialists that for a time reshaped the medical environment and caused some specialists to organize their own groups for managed care contracting.

It was against this backdrop that the St. Joseph Health Foundation of Northern California (SJHF) was formed in 1997 through the joint efforts of Santa Rosa Memorial Hospital and 38 physician members of Primary Care Associates. “We formed the foundation in response to the marketplace. The hospital and medical group believed that by working together, care could be well integrated between the hospital, primary care and specialist physicians” said Dr. Gary Greensweig, former SJHF chief executive officer and now Santa Rosa Memorial Hospital’s medical director.⁴⁷

SJHF was an “off-the-shelf” not-for-profit (Section 12061) “Medical Practice Foundation” formed on the chassis of the pre-existing Eureka Home Care Corporation. The new organization was seen as a way that the hospital community physicians – both primary care and specialists – could “change the way health care is provided in Sonoma County.” The medical foundation’s goal was “to strengthen the [hospital-physician] partnership, to expand their ability to coordinate patient care, to better manage disease, and to promote an innovative integrated health system.” Its mission-related goal was to create a healthier community through the seamless organization of wellness education, outreach to medically and dentally underserved children and adults, primary care, physician referral, urgent and emergency care, hospitalization, outpatient care, trauma services, subacute care, home care and hospice.⁴⁸

The Memorial Hospital/PCA affiliation was subject to the St. Joseph Health System’s new (1995) “manage growth” process for evaluating new relationships. An essential part of that process was a cultural and values assessment that could spell the success or failure of a proposed relationship. The cultural and values assessment of the proposed Memorial Hospital/PCA linkage was a “go,” finding that both organizations had strong roots in the community... each had a distinct culture shaped by history and experience... both had a value set that translated into behavior patterns for physicians, management and employees.⁴⁹

The St. Joseph Health Foundation originally was envisioned to be a tripartite corporation with divisions in Sonoma, Napa and Humboldt counties – areas that

contained a sister hospital. The foundation's board of trustees was selected to achieve the required balance of 49% hospital, 49% physician and 2% community representation. The initial nine-member board included four health system representatives (Sr. Joleen Todd, Memorial CEO Robert Fish, CFO Steve Gleicher, and SJHF chief operating officer John Reardon); four physicians (SJHF CEO Dr. Gary Greensweig, Dr. George Bisbee, Dr. Bruce Tucker, and Dr. Steve Olsen); and one community member (Memorial board of trustee representative Dorothe Hutchinson, who later was replaced by UC Berkeley professor of public health Stephen Shortell, Ph.D.).

California state law forbade corporations, such as hospitals, to own physician practices directly, but as a separately incorporated entity, SJHF was able to acquire the practice of PCA (including the medical practices of its 38 physicians). As well, SJHF handled managed care contracting with health plans and panels for the doctors and provided them a host of management services, including centralized record keeping, purchasing, human resources, and related business and administrative services. In this work, SJHF followed the model of Kaiser's 50-year-old Permanente Medical Group and Southern California's Heritage Healthcare, the St. Joseph Health System's first medical foundation. Unlike Kaiser, SJHF physicians were free to send their patients anywhere for treatment, lab tests, X-rays, or hospitalization. In practice, because of contractual agreements with managed care payers, SJHF physicians utilized Memorial for most of the hospital-based services prescribed to their 60,000 patients. By 1998, SJHF's Managed Care Physician Panel included 100 primary care physicians (55 in PCA and 45 in a wrap-around IPA) and 200 specialists. PCPs were capitated for their services and specialists received a fee for service in amounts exceeding capitation.

As noted above, the formation of St. Joseph Health Foundation was in part a considered reaction to changes wrought by managed care, but it was also a natural extension of a nation wide trend of forging closer hospital-physician relationships and developing integrated delivery systems. Memorial Hospital had previously created a relationship with Primary Care Associates as a "pod" for Health Plan of the Redwoods patients to accept risk and control cost. The HPR pod would be the precursor of the St. Joseph Health Foundation. Community Hospital's North Coast Faculty Medical Group had already aligned with Sutter Health, which proved to be the first step in Sutter's

eventual leasing of the county hospital (*see above*). Ten years earlier, under Memorial CEO George Heidkamp, the hospital had helped form and entered into an agreement with the Redwood Empire Medical Group Inc. (REMGI). The 288-member group was the second largest individual practice association (IPA) after the Health Plan of the Redwood affiliated Independent Practice Association of the Redwoods (IPAR). PCA had been a subgroup of REMGI, which later affiliated with UniHealth, a national medical management company.⁵⁰ Other groups formed to accept risk included Petaluma's Hillcrest Medical Group, Warrack's North Coast Medical Associates, Sonoma's Valley of the Moon group, IPA's in Sebastopol and Healdsburg, and the Specialty Physician Alliance (SPA).⁵¹

Located chronologically between Memorial Hospital's relationship with REMGI and the formation of the St. Joseph Health Foundation was a proposed affiliation with Health Plan of the Redwoods and the 700-member Independent Practice Association of the Redwoods. In February 1996, Memorial, HPR and IPAR began negotiations for an alliance and hailed the proposed venture as a way to improve the quality of health care. Others, including a number of smaller hospitals, feared that the affiliation "could polarize the medical community."⁵²

The three-cornered arrangement, termed an "IDS" or Integrated Delivery System, was to feature a new corporation ("NewCo") owned through an equal partnership among the three parties. The primary features of the IDS were 1) "paperless" electronic records; 2) the development of a network of services, with Memorial coordinating the participation of other Sonoma County hospitals and IPAR serving as "the Super IPA" coordinating the participation of other physician groups; and 3) the "rationalization" of services, wherein both doctors and participating hospitals would receive capitated payments from insurers and would share the risks and rewards of an efficient system and appropriate use of resources.⁵³

The experiment that had been the St. Joseph Health Foundation ended in 2001 along with the eventual demise of many of the at-risk contracting groups mentioned above like HPR, REMGI, SPA, PCA, and smaller IPAs. Why did they close?

The Foundation closed primarily because the entire managed care delivery system was under-funded. At the height of the managed care era, the combined losses of

hospitals and physician groups in Sonoma County were approximately \$25 million per year. During fiscal years 1999 to 2002, the foundation experienced a net loss of \$49 million. Another factor was the added layer of cost for what previously had been profitable primary care “mom and pop” operations. The added costs included such things as overhead allocations and the higher Memorial Hospital wage and benefit structure for the physician practice employees. Additional factors included the loss of an entrepreneurial spirit to control overhead costs, the perpetual environment of anger and animosity concerning disparities in profitability among physician groups, the lack of a viable multi-specialty group to foster physician integration, and mistrust concerning the foundation’s ability to coordinate both the managed care and practice sides of the enterprise.⁵⁴

While the St. Joseph Health Foundation did not succeed financially, it pioneered clinical achievements, including the development of an on-line oncology case management program; the creation of a diabetes management clinic; the initiation of Santa Rosa Memorial Hospital hospitalist program (*see Chapter Seven*); and the assumed management of and physician participation in Memorial’s medical access programs, including the mobile health clinic, the dental clinic and the House Calls program of home visits to frail elderly persons.⁵⁵

At the time of its closure, foundation CEO Dr. Gary Greensweig predicted that, “In five years we will need to do this again.”⁵⁶ While the hospital has recouped its financial losses, it has struggled to create a coherent partnership strategy with the medical community. The medical community is experiencing recruitment challenges and witnessing a loss of valued physicians to Kaiser and Sutter, according to Dr. Greensweig. On the other hand, St. Joseph Heritage Healthcare (SJHH), an IPA formed by our sister facilities St. Jude Hospital, Mission Hospital, St. Joseph Hospital in Orange and their affiliated physician groups, has grown and prospered. In a “back to the future” initiative, the St. Joseph Health System – Sonoma County now is exploring an affiliation with St. Joseph Heritage Healthcare in which physicians affiliated with Santa Rosa Memorial Hospital and Petaluma Valley Hospital would form a Sonoma County Operating Committee within the SJHH structure, effectively creating a branch of the successful IPA for Sonoma County.

Trauma Care

The modern trauma center was born only 55 miles from Memorial at San Francisco General Hospital. Doctors there discovered in the late 1960's that many grievously injured persons could be saved if surgery, advanced resuscitation procedures, and other specialized emergency treatments could be initiated quickly enough. Army doctors returning from Vietnam helped to refine and improve the art of preserving life, minimizing disability and speeding recovery through the work of highly coordinated, multidisciplinary trauma teams that could be pulled together within an hour of the injury.⁵⁷ Specialized centers for the care of trauma patients were not simply emergency rooms with fancy names, but advanced lifesaving centers staffed round the clock by trained trauma teams including trauma surgeons, trauma doctors, trauma nurses, and on-call specialists such as neurosurgeons and anesthesiologists.

During the late 1980's, Sonoma County health officials began a process to establish a regional trauma center in Sonoma County. But the effort failed because the county's smaller hospitals worried that their emergency rooms might disappear if such a center was developed.⁵⁸ In July 1996, the Sonoma County Emergency Medical Services (EMS) Agency received a block grant to evaluate the need for a regionalized trauma system with Sonoma and Mendocino counties.⁵⁹ Their conclusion that such a center was needed was no surprise, as Sonoma and Mendocino were among a handful of California counties that were not being served by an organized trauma center. The nearest trauma centers in San Francisco, Redding and the East Bay were too far away for local patients to be transported and treated within the critical first hour after an accident or serious injury. Based on the findings of their study, the EMS agency developed a proposal to establish a level II trauma center within Sonoma County.

Santa Rosa Memorial Hospital believed that it was in the best position to provide centralized trauma care. It had opened the first coronary care unit, performed the first open-heart surgery and kidney transplant, performed the first brain surgery using stereotactic imaging, created the first cardiac catheterization laboratory, first paramedic base station, first community dental clinic, and first mobile health clinic. These medical "firsts" and the hospital's mission to provide the best possible state-of-the-art care were

strong motivations for the hospital to develop a comprehensive trauma center and to be designated as the region's trauma center. In preparation and anticipation of that likelihood, Memorial in 1995 had appointed Dr. Brion Schmidt as medical director and Dr. Peter Shapiro as associate medical director, with the specific charge to implement a regional trauma program with a multidisciplinary trauma team and the coordination of emergency care in all hospital departments.⁶⁰

But Sutter Medical Center of Santa Rosa had the same idea. They had just been awarded the lease of the county hospital; and, in order to make that hospital competitive, they would need to challenge Memorial for hospital leadership.

Trauma center designation would become an area of contention for the prestige and primacy of both hospitals. Both claimed that they already were in effect trauma centers. Public health records showed that Memorial had cared for about one-third of Sonoma County's reported trauma cases, and Sutter had attended to about 17%. But each hospital claimed a larger case load that included patients from outside Sonoma County and some cases that fell outside of the county's criteria for trauma.⁶¹

In 1996, Memorial's Robert Fish and Sutter CEO Cliff Coates attempted to set aside the issue of competition and develop a joint level I trauma center. However, the cooperative venture was short lived and both hospitals independently pursued steps to prepare their facilities for designation. The cooperative approach took a new turn in 1998 when Sutter and Kaiser Permanente proposed a joint venture that addressed the key issues of shared staff, facilities, and helicopter flights over neighborhoods. The Sutter-Kaiser plan included landing all but the most severely injured patients at Kaiser's helicopter landing pad near highway 101, stabilizing them and transferring them by ambulance to Sutter's facility "up the hill," 1.2 miles away on Chanate Road. The joint venture was welcome news to neighbors of Sutter and Memorial, but designation was more than a year away.⁶²

By July 6, 1998, both Santa Rosa Memorial Hospital and the joint team of Sutter and Kaiser medical centers had filed their trauma center proposals with the Sonoma County Department of Public Health Services. The full review process would include an in-house review, on-site visits by a medical review team, and an environmental assessment.⁶³

In March 2000, Santa Rosa Memorial Hospital was awarded the Level II Trauma Center designation.

Home Health Consolidation

The provision of post-hospital health care in patients' homes was an important part of Santa Rosa Memorial Hospital's integrated continuum of health care services. In November 1993, the hospital's board of trustees approved the formation of Home Care Partners, a new non-profit home care organization in collaboration with Warrack Medical Center. Home Care Partners replaced the three independent agencies that had served the two hospitals. The venture was expected to address fragmentation of services, improve communication, extend home care services to more indigents, accommodate patients referred from Memorial's mobile health clinic, and better position the hospital in the managed care environment.⁶⁴

At a later date, Memorial chose to operate their home care service independently as a department of the hospital, but reductions in payment for home care services made hospital-based home health financially infeasible. In response to the unfavorable reimbursement and with a desire to continue providing this level of care, the St. Joseph Health System in October 1999 combined its seven home health services into a single agency to be called the St. Joseph Home Care Network.

The consolidation would result in Memorial's collaboration with its sister facilities in Napa and Humboldt counties. As part of the consolidation, there would be a single management structure, a single information system, separate county-based clinical service offices, and one business office located in Santa Rosa to serve all of Northern California.⁶⁵ By 2003, management of the St. Joseph Home Care Network was contracted to Cardinal Health, a nationally known consulting and management firm headquartered in Ohio.⁶⁶

Mission & Mentoring

The St. Joseph Health System in 1998 created a unique program called “Mission & Mentoring” to train and develop lay leaders for the continuation of Catholic ministry in the healthcare setting. As well, “M&M,” as it was fondly called by its graduates, sought to build a community of people to think together about the issues facing health care generally and the St. Joseph Health System in particular. Participants in the formation program, as well as their sponsoring organizations, committed to a year of monthly sessions, a retreat at the beginning and end of the program, and the development of an individual or team project designed to implement their learnings in a work-related area. Notable examples of team projects included the establishment of Reflection/ Meditation rooms at the Petaluma and Fulton campuses and the creation of a “Healing Garden” at Santa Rosa Memorial Hospital’s Montgomery campus. After completing the program, M&M graduates continue to meet periodically to renew their commitments and learnings and to engage in a variety of local ministry initiatives. As an example, M&M graduates in Sonoma County provided valuable assistance as team leaders for the organization’s annual Values in Action awards and Values Standards review processes.

Each month a new topic engaged the matriculating Mission & Mentoring participants in reflection and dialogue. The term “dialogue” was not merely a synonym for discussion, but a conscious process of discovering meaning through such skills as inquiry and advocacy. The topics included a history of religious congregations and Catholic health care, the history and traditions of Sisters of St. Joseph of Orange, the meaning of sponsorship, ethics, self-awareness, individual and workplace spirituality, and ministry. The ministry session was the “heart and soul” of Mission & Mentoring, addressing how lay leaders might step into and own responsibility for the maintenance and management of Catholic health care.⁶⁷

Approximately 30 program participants were selected each year to participate in monthly learning sessions held concurrently in Northern California, Southern California and Texas. Participants were selected from nominations by a supervisor, manager, or an M&M graduate. At their introductory retreat, new participants were asked to bring an item of personal significance. The stories that emerged from the variety of family photos,

indigenous immigrant costumes, and artifacts of every kind were effective in “breaking the ice” and bringing the participants almost immediately into a sense of community.

Wrapping up the 90's

The decade of the 1990's was marked by the significant expansion of what is today the St. Joseph Health System – Sonoma County, an integrated health care network, serving a multi-county region with an array of hospital, outpatient and community services. Before leaving our review of this vigorous period of growth and development, a few more milestones need to be addressed:



The Healing Christ: In 1993, the Santa Rosa Memorial Hospital Auxiliary generously donated “The Healing Christ,” a stunning bronze, life-size, three-dimensional image of Christ extending his healing hands to three modern-day figures. The statue, which stands today at the main entrance to the hospital, is a reminder of the Christian values that support the compassionate care that the hospital continually strives to provide. The sculpture was designed by Rosa Estebanez, a Cuban-born artist who enjoyed the title of “Official Sculptor to the President” under Fulgencio Batista before she fled the Castro regime in 1960. Rosa began the work in 1991. She

died of a heart condition before it was finished, but entrusted its completion to her long-time assistant Barbara Kaelin, who had worked beside her on “The Healing Christ” from its inception.⁶⁸

The Heart Alert Center: In September 1995, Santa Rosa Memorial Hospital’s cardiac care services were enhanced with the opening of the new emergency department-based Heart Alert Center. It was one of only 550 such centers in emergency departments in the United States, and the first service of its kind in the Redwood Empire, devoted to

the prevention, diagnosis and treatment of chest pain – an early warning sign of a heart attack. The centerpiece of the Heart Alert Center was patient and community education. A key piece of diagnostic information was the electrocardiogram (EKG), which helped physicians decide if the patient was a candidate for a thrombolytic, or “clot busting” drug, cardiac catheterization or balloon angioplasty.⁶⁹

Subacute Care: On October 1, 1996, Memorial opened the doors of its new subacute unit located on the first floor of the east wing. The unit was licensed as a 24-bed skilled nursing facility (SNF), but was designed to provide specialized care for patients needing medical and rehabilitative services that fell about midway between general acute care and discharge to home or home care. The average length of stay, unlike a typical convalescent hospital, was about two weeks.⁷⁰ With the purchase of North Coast Health Care Centers in 1998, the subacute unit once again reverted to the care of general acute care patients,

A New Leader: At the end of the decade, 1999, David J. Ameen (*below*) was appointed as the 11th chief executive to lead Santa Rosa Memorial Hospital and the expanded St. Joseph Health System – Sonoma County.



NOTES TO CHAPTER SIX

¹ Other elements of the 1989 master facilities plan included an employee parking garage on the northwest corner of Montgomery Drive and Doyle Park Drive (completed in 1994); expanded outpatient, diagnostic and treatment facilities (including the conversion of the former 2-east surgical unit to an interim outpatient surgery pavilion); and a 100-bed expansion for acute care or skilled nursing care.

² *The Lamplighter*, “James P. Houser President and Chief Executive Officer,” Fall 1990.

³ *The Lamplighter*, “Medical Office Building,” Spring 1992.

⁴ *The Lamplighter*, “Hospital Foundation Formed,” Spring 1992.

⁵ *Values Standards and Key Indicators*, St. Joseph Health System, Revised 2002. (The reader is encouraged to request a copy of *The Values Standards and Key Indicators* for a complete listing of the 56 indicators. Copies are available from the St. Joseph Health System – Sonoma County Mission Integration office.

⁶ *The Lamplighter*, “Compassion in Action: Memorial Hospital’s Care for the Poor Programs,” Summer 1992.

⁷ 17th Century Mandate of the Sisters of St. Joseph.

⁸ *The Lamplighter*, “Compassion in Action: Memorial Hospital’s Care for the Poor Programs,” Summer 1992.

⁹ *The Lamplighter*, “Services Expanded at Memorial’s Dental Clinic,” Fall 1990.

¹⁰ *The Lamplighter*, “Compassion in Action: Memorial Hospital’s Care for the Poor Programs,” Summer 1992.

¹¹ *The Press Democrat*, “Sister Marian’s the driving force behind health clinic on wheels,” Feature article by Suzanne Boynton, July 18, 1993.

¹² Interview with Kathy Ficco, R.N., March 5, 2008.

¹³ The mission statements of organizations do not change often. Nor should they, for constant change would suggest a lack of focus and permeability. But the Sisters of St. Joseph of Orange have always been attentive to “the signs of the times” and during this writer’s career, the mission had changed twice. The initial mission of Santa Rosa Memorial Hospital, established before there was a St. Joseph Health System, was “to provide excellence in general acute care, medical-surgical services.” It was an important mission and it is still included in today’s focus on quality and health improvement. But it was a narrower mission that said, in effect, we will take wonderful care of you when you come to us. The current mission is broader and compels us to step out from inside the

walls of the hospital to minister to persons in the communities we serve wherever their needs are found – not unlike those first Sisters who came out from behind the walls of the 17th century cloisters convents to minister, apostolically, to persons in the streets of Le Puy. The second change in the mission statement was made in 2007 to prepare for a new form of sponsorship. (See Chapter Seven). It substituted the clause “to extend the Catholic health care ministry of the Sisters of St. Joseph of Orange...” for the more inclusive clause, “To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange...”

¹⁴ World Health Organization.

¹⁵ *Sonoma County Physician*, “Memorial Hospital’s Community Benefit Obligations,” Sonoma County Medical Association, January / February 1998.

¹⁶ *Health Scene*, “Elsie Allen Health Center Opens,” Santa Rosa Memorial Hospital, Winter 1995-1996.

¹⁷ *The Lamplighter*, “Sister Michaela Rock initiates community benefit partnerships,” Summer 1994.

¹⁸ *Living Healthy*, “Roots of Change,” Santa Rosa Memorial Hospital, Spring 2007.

¹⁹ *Health Scene*, “Southwest Community Health Center Opens,” Spring 1996.

²⁰ *Health Scene*, “House Calls,” Spring 1997.

²¹ *Living Healthy*, “Beyond Hospital Walls,” Spring 2006.

²² *Living Healthy*, “A Safe Haven for Girls,” Spring 2006.

²³ *Health Scene*, “Comprehensive Cancer Center Nears Completion,” Spring 1995.

²⁴ *Health Scene*, “Cancer research at Santa Rosa Memorial Hospital,” Spring 1995.

²⁵ “Creating an Environment for Meaningful Change,” Report of the Re-Turnaround Team, Santa Rosa Memorial Hospital, June 20, 1997.

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ “Accomplishments and Continued Challenges: Re-Turnaround Effort,” November 1966 to June 1998,” Santa Rosa Memorial Hospital, October 2, 1998.

²⁹ *The Memorial Memo*, “Columbia or Sutter? Either would alter the health landscape,” October 13, 1995.

³⁰ *Press Democrat*, “Sonoma County OK’s Hospital Lease Deal,” February 12, 1996.

³¹ “A Review of the Capabilities and Limitations of Petaluma Valley Hospital,” Petaluma Health Care District, Petaluma Health Care District archives, December 1, 2005.

³² *Foundation Focus*, “Over the years with the Petaluma Valley Hospital Auxiliary,” Autumn 2002.

³³ Interview with Daymon Doss, October 24, 2007

³⁴ *Ibid.*

³⁵ October 31, 1995 correspondence to Neil Martin from James P. Houser.

³⁶ Correspondence to the Petaluma Valley Hospital board of directors from the board of the Hillcrest Physicians Medical Group.

³⁷ Transfer Agreement Section 10.24 and Schedule 10.24, “Petaluma Valley Hospital Community Model.”

³⁸ Transfer Agreement, Schedule 9, “District Services.”

³⁹ “Executive Summary of Documents Relating to Lease and Operation of Petaluma Valley Hospital by St. Joseph Health System,” Petaluma Health Care District, June 30, 2005.

⁴⁰ “Assessment and Recommendations,” Obstetrical Service, Petaluma Valley Hospital, Deloras Jones, R.N., M.S., June 14, 2002.

⁴¹ Petaluma Health Care District correspondence dated March 23, 2006.

⁴² *The Memorial Memo*, “SRMH helps bring convenient medical services to Oakmont,” Santa Rosa Memorial Hospital, May 23, 1997

⁴³ *Press Democrat*, “Memorial, North Coast merger set,” News coverage by Jane H. Lii, August 19, 1998.

⁴⁴ “Affiliation with North Coast Health Care Centers,” Memo from Robert H. Fish, February 27, 1998.

⁴⁵ *Press Democrat*, “County hospitals consider partnership,” News coverage by George Lauer, March, 31, 1998.

⁴⁶ *Connections*, “End of an era for North Coast Health Care Centers,” St. Joseph Health System – Sonoma County, July 8, 2002.

- ⁴⁷ Interview with Dr. Gary Greensweig, January 7, 2008.
- ⁴⁸ *Health Scene*, “Medical foundation created to improve local health care,” Spring 1998.
- ⁴⁹ “Report on Cultural Assessment Interviews,” SRMH / PCA Values Integration Task Force, November 1997.
- ⁵⁰ *Press Democrat*, “Memorial doctors join group,” News coverage by George Lauer, November 27, 1997.
- ⁵¹ *Sonoma Business*, “Medical Forces Vie for Dominance,” Article by James Dunn, September 1996; and *Post Mortem Comments*, St. Joseph Health Foundation of Northern California (PowerPoint Presentation).
- ⁵² *Press Democrat*, “HPR, Memorial forming alliance,” News coverage by George Lauer, February 16, 1996.
- ⁵³ *Health Scene*, “Memorial Hospital and HPR discuss alliance,” Spring 1996.
- ⁵⁴ *Post Mortem Comments*, St. Joseph Health Foundation of Northern California.
- ⁵⁵ *Ibid.*
- ⁵⁶ Interview with Dr. Gary Greensweig, January 7, 2008.
- ⁵⁷ *Health Scene*, “Trauma Care,” Winter 1998.
- ⁵⁸ *Press Democrat*, “Landing a prize,” News coverage by George Lauer, November 30, 1997.
- ⁵⁹ *Trauma Notes*, “Trauma Designation,” Santa Rosa Memorial Hospital, March 1997.
- ⁶⁰ “Appointment of Medical Director and Associate Medical Director – Trauma Service,” Memorandum from Robert H. Fish, October 4, 1995.
- ⁶¹ *Press Democrat*, “Landing a prize,” News coverage by George Lauer, November 30, 1997.
- ⁶² *Press Democrat*, “Kaiser-Sutter trauma center pact proposed,” News coverage by George Lauer, May 21, 1998.
- ⁶³ *The Business Journal*, “Sutter and Memorial battle for county trauma center,” July 27, 1998.

⁶⁴ *The Lamplighter*, “Santa Rosa Memorial and Warrack Collaborate to Improve Home Care for the Community,” Winter 1993-1994.

⁶⁵ “Consolidation of Home Health Agencies,” Memo from Robert H. Fish, June 4, 1999.

⁶⁶ *Connections*, “Cardinal Health assumes management of St. Joseph Home Care Network,” St. Joseph Health System – Sonoma County, August 4, 2003.

⁶⁷ *Connections*, “Mission & Mentoring: Carrying on the Sisters’ Vision,” January 27, 2003.

⁶⁸ *The Lamplighter*, “Hospital Auxiliary Donates ‘The Healing Christ’ Sculpture,” Spring 1993.

⁶⁹ *Health Scene*, “Santa Rosa Memorial Hospital Will Open Heart Alert Center,” Summer 1995.

⁷⁰ *Health Scene*, “Subacute Care Helps Patients to Reach Independence,” Fall 1996.

CHAPTER SEVEN

50 YEARS OF SERVICE

THE READER WILL RECALL from Chapter One that Santa Rosa Memorial Hospital's first administrator, Sr. Rita Rudolph, officially opened the doors of the new state-of-the-art hospital at 8:00 a.m. on New Year's Day 1950, with a staff of 10 Sisters, 93 employees, and a medical staff of 70 physicians and surgeons. More than a half-century has passed since the Sisters accepted the invitation of community and civic leaders to extend their health care ministry to Santa Rosa.

In those early days, Memorial's central mission was to provide excellence in health care in an acute, medical-surgical hospital.¹ That mission has broadened and deepened during the 58 years recorded in this historical narrative. While excellence in hospital care is still critically important, it has been magnified by a continual focus on improving the *health and quality of life* of people in the communities served by the St. Joseph Health System – Sonoma County. What the Sisters began and nurtured lovingly in their original 90-bed facility is today a viable network of inpatient and outpatient, bedside and community-based services. Like the early Sisters of St. Joseph, who worked in the streets of Le Puy, outside and apart from the convent walls, today's co-ministers step out from the walls of the hospital to extend the healing ministry of Jesus throughout Sonoma County.

Memorial's Golden Anniversary

The year 2000 began a new decade in the history of the St. Joseph Health System – Sonoma County and a new millennium for the Sisters of St. Joseph. It also marked the 50th anniversary of Santa Rosa Memorial Hospital. That auspicious event was termed a "Jubilee." With the theme of "Celebrating 50 Years of Unbroken Commitment," it was seen as a year-long celebration; and also as a call to the renewed practice of charity, a

pursuit of justice, a welcoming to the stranger, and new efforts to participate in the full life of the community.²

Sr. Michaela Rock, who recently had left the health care ministry to develop the St. Joseph Centers for Social Change, assembled an interdisciplinary and geographically balanced committee to plan the festivities that would mark this significant milestone. Her committee included former and present trustees (board and foundation) Gene Benedetti, John Doolittle, Mark Gladden, Nancy Henshaw, Norma Howard, Jim Keegan, Al Maggini (chairman), Bill McNeany, Christine Pedroncelli, and Gene Traverso. The committee also included PACE committee representative Jan Davis; Sisters Mary Ellen Fratessa, Martina Leveille, Michaela Rock and Joleen Todd; employees Kathy Exelby and Carolyn Orcutt; and community representatives Carole Ellis, Carol Ann Libarle, Bill McNeany, and Michele Paul.

The planning committee pursued a multi-faceted vision to thank, appreciate, honor and recognize the Sisters of St. Joseph of Orange and the hospital's staff and volunteers; to invite the community to participate in celebration and contribution; to create a high-quality series of community events; and to enhance the hospital's existing community events with historical and celebratory themes.

The comprehensive round of events and acknowledgements planned by the committee began with a festive dinner and musical tribute held at the Santa Rosa Veterans Hall on St. Joseph Day, March 19, 2000. Other events included a luncheon held at the James B. and Billie Keegan Leadership Series on August 27; a weekend Health Expo co-sponsored by KFTY-Channel 50 on June 24 and 25; the ninth annual foundation Pro-Am Golf Tournament held on July 28; a Multicultural Festival held at Juilliard Park on September 9; a community birthday party at the season's final Wednesday Night Market in downtown Santa Rosa; the PACE Committee's annual Festival of Trees and Holiday Table Settings and annual gala on November 30 and December 2; an eight-page supplement in the *Press Democrat*;³ a high school essay contest on the meaning of diversity;⁴ and the unveiling on all campuses a pictorial display of the history of the Sisters of St. Joseph of Orange.

Palliative Care

The St. Joseph Health System obtained the original Rone Hospital facility on Sotoyome as part of its 1998 purchase of North Coast Health Care Centers (*see Chapter Six*). Its convenient location across the street from Santa Rosa Memorial Hospital and the home-like environment of the one-story, low-ceilinged building made it a natural setting for the new palliative care service, which was opened in 2000 with 15 private rooms in the facility's north wing.

Palliative care was a natural enhancement of the St. Joseph Health System – Sonoma County's end-of-life services provided by Memorial Hospice and Hospice of Petaluma. While hospice focused on the care of terminally ill patients in the last stages of life, palliative care focused on improving the quality of life of patients and their families facing the problems associated with life-threatening illness. Both approaches affirmed life and regarded dying as a normal process, and neither sought to hasten or postpone death. The concrete goals of the palliative care team included relief from suffering, treatment of pain and other distressing symptoms, psychological and spiritual care, and a support team to help individuals live as actively as possible.⁵

Ambulatory Surgery Center Opens



Following years of planning and 12 months of construction, Santa Rosa Memorial Hospital's Ambulatory Surgery Center (*left*) was dedicated on April 28, 2003. The first surgical procedure in the new center was performed on May 7. The development of the center followed a nationwide move toward same-day surgeries. In the

1980's, only about 15% of surgeries in the U.S. were done on an outpatient basis. By the

1990's that proportion had risen to 70%. Overnight stays were becoming less common in part because of major advances in minimally invasive surgical techniques. Procedures that once required large, open incisions now could be performed through openings the size of a keyhole.⁶

The 17,000-square-foot, two-story building, located at 525 Doyle Park Drive, featured five operating rooms on the second floor (the first floor was reserved for occupancy by other hospital departments). Architectural and design efficiencies included a covered drop-off and pick-up area for patients at the entrance, a spacious, light-filled waiting room with several data ports for laptop computers, private pediatric rooms for young patients with cribs, rocking chairs for parents, CD burners for pictures taken during surgical procedures, and onsite instrument processing and sterilization.⁷

In order to “hit the ground running,” the center's operations initially were directed by Aspen Healthcare, a national consulting firm with ambulatory surgery experience. Patients who utilized the center met low-risk criteria for a wide variety of outpatient procedures in orthopedic, general surgery, plastic surgery, urology, gynecology, and ear, nose and throat specialties.

Hospital-Based Doctors

One of the significant contributions of the former St. Joseph Health Foundation was the initiation of Santa Rosa Memorial Hospital's innovative hospitalist program (*see Chapter Six*). “Hospitalists” are physicians whose primary professional focus is hospital medicine. They specialize in caring for patients exclusively in the hospital setting and typically do not have outside medical practices. Hospital medicine, like emergency medicine, is a specialty organized around a site of care (the hospital) and not a disease (like oncology) or a patient's age (like pediatrics). Unlike emergency physicians, however, most hospitalists help manage patients throughout the continuum of hospital care, often seeing patients in the emergency department, admitting them to inpatient units, and organizing post-acute care. The majority of hospitalists are trained in general internal medicine or in a subspecialty such as pulmonary or intensive care medicine (all of Memorial Hospital's full time hospitalists are board certified in internal medicine).

Hospital medicine is a relatively new phenomenon in American medicine. (The term “hospitalist” first appeared in a *New England Journal of Medicine* article in 1996, just one year before the establishment of the St. Joseph Health Foundation.) Its fast growth as a medical specialty has been fueled by the growing focus on patient safety, increasing specialization, and the shrinking role of primary care doctors in hospital care.⁸

As this narrative is being recorded, 13 full-time and part-time hospitalists are serving Santa Rosa Memorial Hospital. The full-time team consists of Drs. Jeanette Curry, Guy Delorefice, Shelleen Denno, Philippe Edouard, Michael Eiffert, Victor Iacovoni, Garry Kiernan (medical director), and Aynna Yee. Part-time hospitalists, who also maintain their own private practices, include Drs. Justin Glowdowski, Jon Sonander, Gary Greensweig, Jim Trapnell, and Neil Levin. Together, these hospital-based specialists are responsible for treating up 55 to 70 patients per day.

A “day-in-the-life” of any of Memorial’s hospitalists would look something like this:

- ~ When a patient is admitted emergently for non-elective treatment (typically through the emergency department, transferred from out of town, or unexpectedly for other reasons), one of the hospitalists on duty takes charge of his or her care.

- ~ The hospitalist consults with the patient’s primary care physician (if he or she has one) to coordinate the patient’s care.

- ~ During the patient’s stay, the hospitalist manages his or her treatment and medical needs, working closely with the patient’s primary care physician during the patient’s stay in the hospital.

- ~ When the patient is discharged, the hospitalist discusses further treatment as needed with the patient’s primary care physician and specialists, prescribes medications, and helps to arrange follow up care.⁹

- ~ When the patient is discharged, the hospitalist discusses further treatment as needed with the patient’s primary care physician and specialists, prescribes medications, and helps to arrange follow up care.⁹

A New Form of Sponsorship

“Sponsorship” is the word used throughout the United States to describe a religious congregation’s relationship to its ministries. It was originally applied to health care, but is now applied more generally to all ministries. Sponsorship is a way for a congregation to ensure that it fulfills its mission through the various ministries; it is a congregational commitment to keep going. The Sisters of St. Joseph of Orange define sponsorship as “the responsibility and moral accountability for, support of, influence on and public identification with a project, program, or organization furthering congregational goals. As applied to health care, sponsorship is realized through the control and ownership of health care organizations which are exercised in collaboration with the laity in a shared mission.”¹⁰

While the Sisters are sole or shared sponsors in a wide range of ministries,¹¹ it has been their practice to share the day-to-day operation of their ministries with their lay colleagues. That willingness to share in mission and ministry has deep roots in the Sisters’ charism (i.e., their special gift of unity) and the mission of their congregation.¹² Both were given a modern voice in the Sisters’ 1981 governance manual that directed them to “experience a sense of co-ministry and family,” and to seek “cooperative relationships among the laity to further realize the common goal of mission implementation.”¹³ Sponsorship then united, enabled and called lay persons to become partners and co-leaders with the Sisters in a shared mission.

When Santa Rosa Memorial Hospital opened its doors in 1950, sponsorship followed a “family business” model with sufficient numbers of Sisters to serve in the roles of board members, administrators, managers, technical, and support personnel. In later years, consistent with the development of the St. Joseph Health System, the form of sponsorship evolved into the sole corporate member model, wherein the Sisters retained influence and control through governance, management, and the ability to monitor performance. In practice, the various ministries, such as the individual hospitals in the St. Joseph Health System, were accorded latitude for carrying out the mission. But the sole corporate member retained the responsibility and authority for a range of corporate

functions including selection of the hospital chief executive officers and the approval of board members, bylaws, budgets, personnel policies, and strategic plans.

Later developments in sponsorship were driven by changes in demographics and ministerial focus: During the 1960's, the Times (as a popular song of the day proclaimed) surely Were A' Changing. In the post Vatican II era, there were far fewer religious vocations. The consequent aging of religious congregations prompted Sister-sponsors to develop lay leadership programs to help sustain their ministries. While some religious congregations in the United States moved away from institution-based ministries, others like the sponsors of Catholic Healthcare West and Catholic Health Initiatives grew bigger through mergers and affiliations. All congregations with health care ministries faced the challenge of being a counter-culture force, existing as true ministries in corporate America.

These changes caused congregations such as the Sisters of St. Joseph of Orange to rethink their ministries. Since the 1970's, our Sisters of St. Joseph of Orange have withdrawn from teaching in parish schools and founded their educational NETWORK; sponsored the Center for Spiritual Development and the St. Joseph Health System; collaborated with others in the development of parish work, social services detention, and housing ministries; started new ministries in counseling, residential programs for abused children and the St. Joseph Ballet; opened Taller San Jose and Bethany; and promoted ministry leadership formation programs for co-ministers in health care, education and spiritual direction. Today all CSJ ministries have both religious and lay staff (although there is a decreased availability of Sisters for on-site and governance roles). As well, the Sisters' mission, vision, values, and ministry leadership formation programs are firmly in place, and there is confidence in lay leadership.¹⁴

In 1998, the Sisters assembled an advisory board to look into sponsorship models, collaborations or mergers with other health systems, and the development of lay leadership education. The members of the special committee included the congregation's general council, six other Sisters of St. Joseph of Orange, and the health system's chief executive Rich Statuto, chief operating officer Paul Viviano, and senior vice president Jack Glaser. Their work led to a three-phased commitment to ministry. In the short-term (1998 to 1999), existing sponsorship structures and resources were evaluated, revisions,

were made to the system's *Directional Statements* and *Values Standards and Key Indicators*, members of the congregation were educated on sponsorship trends and implications, and the Mission & Mentoring program was developed and integrated with succession planning. A significant commitment was made during this phase to appoint mission effectiveness positions in all of the system's entities. The vice presidents of sponsorship (later called mission integration) would eventually be on the executive management teams in each health ministry. Notably, the positions would be filled by a growing number of lay persons who would serve as the sponsor's representatives and would assume responsibilities once held only by Sisters, including entity leadership selection and development, physician relations, mission and values development, and communication and representation of the sponsor. At the time of this narrative, Jo Sandersfeld, a layperson, is serving as the vice president of mission integration for the St. Joseph Health System – Sonoma County. (*See Appendix B for a listing of Sisters who have served in this position in the past*). In the mid-term (2000 to 2002), alternative models of sponsorship that increased the involvement of lay persons were evaluated as were broader trends of Catholic collaboration with new emerging systems. In the final phase (2002 to 2006), development programs, succession planning, and congregational education continued and an alternative model of sponsorship was selected that would foster the healing ministry of Jesus into the future in a new way.¹⁵

The Sisters' ability to discern the signs of the times and to act with faith, flexibility and foresight is indeed impressive. Their approach to sponsorship change could have been fearful and chaotic, but it was not. Instead it was thoughtful, reasoned, collaborative, and inclusive. In January 2004, the Sisters submitted an application for a new form of sponsorship to the Holy See's (i.e., the Vatican's) Congregation for Institutes of Consecrated Life and Societies of Apostolic Life. The application requested the formation of the "St. Joseph Health Ministry" as a public juridic person (PJP) and sponsor of the St. Joseph Health System. Under the PJP structure, laypeople would join the sponsoring board, which would be the canonical link between the health system and the Roman Catholic Church. The governing board of the PJP would include four Sisters of St. Joseph of Orange and three Catholic laypersons appointed by the general council of the congregation for a period of three years. The responsibilities of the St. Joseph Health

Ministry as sponsor and corporate member of the St. Joseph Health System would include accountability for the SJHS mission, vision and values, strategic plan and system budget, appointment of CEOs and trustees, and alienation of property. They would also make periodic reports to Rome. The congregation would retain responsibility for the mission vision and values of the St. Joseph Health Ministry, appointment of their trustees, and oversight of the formation program.

In December 2006 the Sisters of St. Joseph of Orange received approval from the Holy See for the formation of the St. Joseph Health Ministry. Sr. Katherine (“Kit”) Gray, general superior of the congregation and chair of the health system’s board, announced the decision in early February, noting that the process that the congregation and its co-ministers had received ample time for education, reflection, and consensus building during the three-year process that shaped the new entity. The transfer of sponsorship to the PJP took place around the Feast of St. Joseph, March 19, 2008. At that time, the St. Joseph Health Ministry assumed all authority related to the St. Joseph Health System previously held by the general council of the Sisters of St. Joseph of Orange (although the congregation still held significant reserved rights such as the appointment of the St. Joseph Health Ministry members and oversight of the formation program.)¹⁶

The first members of the St. Joseph Health Ministry, who were commissioned at a liturgy on May 19, included Sr. Kit Gray; Jack Glaser, former SJHS senior vice president for theology and ethics; Sr. Suzanne Sassus, SJHS senior vice president for governance and sponsorship; and Sr. Mary Therese Sweeney, SJHS director of mental health.

The Changing Health Care Landscape

In August 2005, George Pérez (*right*) was selected to replace David Ameen and, at the writing of this narrative, is serving as president and chief executive officer of the St. Joseph Health System – Sonoma County. The “affable and approachable” former CEO of the health system’s St. Mary Medical Center in Apple Valley, California, began work officially on August 22 with the stated purposes of



creating a culture of valued and fully engaged employees, stressing Memorial's mission as a faith-based, community-based facility, maintaining an open and collaborative managerial style, and a personal rapport with staff.¹⁷

Before his arrival, Sutter Medical Center of Santa Rosa had been experiencing years of financial losses. In the six-year period from 2001 through 2006, Sutter reported an operating loss of \$72.9 million. As well, Sutter's Health Care Access Agreement with the County of Sonoma directed a disproportionate number of Medi-Cal, County Medical Services Program (CMSP) and indigent patients to its hospital. Replacing the aging county hospital to meet California's seismic safety standards would cost them an estimated \$253 million. Further, Kaiser Permanente's 70% market share of commercially insured patients left Sutter and the other five hospitals in Sonoma County to compete for the remaining 30% of privately insured patients at a time when occupancy rates in all Sonoma County hospitals had fallen well short of capacity.¹⁸

In response to these changes, Sutter sold its two worker's compensation centers in April 2006, closed the emergency department at Warrack Hospital, and converted that hospital into an outpatient surgery facility. In December 2006, Sutter and Memorial officials began discussing ways to work together on cost and care issues in the face of the changing health care market. In January 2007, Sutter announced their plan to close the old county hospital and turn over public medical care to Santa Rosa Memorial Hospital. That decision would have effectively severed its \$14.5 million agreement with the County of Sonoma County, cease hospital operations well before the 2016 contract termination date, and transfer its obligation to provide public health services – including care for the indigent – to another entity.

As part of its commitment to work with Sutter and to ameliorate the shock of their hospital's closure, Memorial accelerated an ambitious expansion program designed to achieve stability for Sonoma County patients and health care providers. The expansion included the \$33 million addition of 80 medical-surgical beds in 23,600 square feet of the facility's center-east wing (with plans to add more beds by 2013), doubling the size of the emergency department, expanding the intensive care nursery from 12 beds to 20 beds, dedicating an entire floor to the care of mothers and children, building a new \$6 million

urgent care center to reduce wait times and costs, and adding a \$9 million, 200-space parking garage on the site of the former convent.

A tandem enhancement was the erection of the \$38 million Norma and Evert Person Heart Institute. The state-of-the-art center, located adjacent to the emergency department, was named for the former publisher of the *Press Democrat* and his spouse, who contributed a lead charitable gift of \$5 million. It would combine all cardiac specialties, including cardiac catheterization laboratories, electrophysiology labs, two operating rooms for cardiac surgery, an observation unit, recovery unit, patient meeting room, patient lounge, and garden area, into one centralized facility.

In addition to these bricks-and-mortar projects, Santa Rosa Memorial Hospital and Petaluma Valley Hospital engaged in programs to increase patient safety and operating efficiencies through a full-scale conversion to an electronic records system (“Care ReDesign”), enhanced imaging technology, and the continuous offsite electronic monitoring of critically ill patients (“eICU or “Care Watch”).

Sutter had intended to maintain its presence in Sonoma County through its operation of the Women’s Health Resource and Breast Care Center and its affiliation with the Sutter Medical Foundation North Bay, Sutter Medical Group of the Redwoods, and Sutter VNA Hospice. Sutter and Memorial consulted with a community-based task force including physicians, hospitals, Planned Parenthood, free-standing clinics, and the Sonoma County Department of Health Services to ensure the maintenance of women’s reproductive services in Sonoma County. (Memorial planned to continue to provide its present services, while honoring its commitments in the U.S. Conference of Catholic Bishop’s “Ethical and Religious Directives for Catholic Health Care Services.”) As well, Sutter worked with a consortium of community providers including Memorial, Kaiser, and the Southwest Community Health Center to continue the Family Practice Residency Program, which had served as a key teaching and recruitment program for physicians.¹⁹

On March 11, 2008, following 14 months of negotiations with Memorial, Sutter Medical Center’s CEO Mike Cohill announced that “the transaction...is no longer a possibility” and that the hospital would “keep its options open” concerning a decision to either retrofit the facility to meet California’s seismic standards or build a new hospital near the Wells Fargo Center for the Arts at Highway 101 and Mark West Springs Road.

The latter course of action led to an interpretation of whether their original contract with the county would end in 2016, the date mandated in the contract, or be extended five years to 2021 to accommodate the application process for the construction of a new hospital. According to a *Press Democrat* article the following day, the arrangement with Memorial had fallen apart because of an inability to assure county officials that current levels of care would be maintained for public medical care. (In actuality there was no single factor that unraveled the arrangement, but a complex array of variables, not the least of which was the prolonged timeline of the project that increased uncertainty and risk.)

In the same article, Memorial CEO George Pérez indicated that the 80-bed expansion undertaken to meet the county's needs after Sutter closed now would be used to accommodate cardiac, orthopedic and other patients.²⁰ In view of Sutter's five-year, \$70 million loss, it remained to be seen whether they could sustain services without cuts or major changes. How Sutter and Memorial would compete for the shrinking market of non-Kaiser patients while shouldering the burden of care for uninsured, indigent and Medi-Cal patients was also questioned.

A Great Place to Work

During the first decade of the new millennium, both Santa Rosa Memorial Hospital and Petaluma Valley Hospital received several recognitions for the care they provide:

- In 2005 and again in 2006, both hospitals received a "Five-Star Service Award for Exceeding Patient Expectations" from Avatar International, a company that measured patient satisfaction for health care organizations worldwide. The award was given annually based on evaluations from patients, who recommend a medical center only if it surpasses their expectations for service and quality.²¹
- In 2005, Memorial received an Organ Donation Medal of Honor from the U.S. Department of Health and Human Services for excellence in performance and service to the community.²²

- In 2006, PacifiCare, a major provider of health care plans in California, ranked Petaluma Valley Hospital in the top 10% of Northern California hospitals for best practices.²³
- In 2007, Santa Rosa Memorial Hospital received a “Consumer Choice Award” from Sonoma County residents for the 11th consecutive year.²⁴
- In 2007, Santa Rosa Memorial Hospital and Petaluma Valley Hospital were two out of only eight California hospitals certified as “Healthy Hospitals and Health Systems” by the California Department of Health Services for the hospitals’ efforts to promote fitness, healthful eating, and safety at their facilities for both employees and patients.²⁵

In 2007, the St. Joseph Health System received an important recognition from the Gallup Organization when it was named as one of only 12 companies worldwide to receive the prestigious “Great Workplace Award.” The panel of workplace experts that selected the system for the award (from among the surveys of more than 100 companies and 10 million employees worldwide) lauded it “for creating an environment that truly engages people every day throughout the organization.”²⁶ (Note: St. Joseph Health System received the Gallup Great Workplace Award for a second consecutive year in 2008.)

In 2007, the St. Joseph Health System – Sonoma County was one of four organizations in the category of large employers with more than 500 employees to receive a “Best Place to Work in the North Bay” award from *North Bay Business Journal*.²⁷ These awards were not chance occurrences, for the Sisters and the St. Joseph Health System place considerable emphasis on the quality of work life in the various sites of its health care ministry. In their *Essential Elements of the Healthcare Ministry*, the Sisters of St. Joseph of Orange held that “work is an expression of the dignity of the worker,” and committed their health ministries to “provide a work life characterized by justice, dignity and collaboration.” These qualities were given shape and substance

through equitable salary scales and benefits, safe work environments, and opportunities for growth and development.

In 2004, the St. Joseph Health System adopted and continued periodically to update a “Quality of Work Life” policy that addresses the organization’s core values, values standards and key indicators for human resources,²⁸ total compensation philosophy, relationships within the workplace, and ministry and quality of work life. This last section related directly to the workplace awards addressed above in the conviction that, “All persons in SJHS share responsibility for nurturing a quality of work life that advances the healthcare ministry of Jesus. Workers who experience a sense of competency, creativity, enjoyment, meaning and contribution in their daily service strengthen the ministry. Whenever work is merely a way to make a living, the ministry is weakened. Our Mission calls all of us – employees, volunteers, physicians and trustees – to assume mutual accountability for sustaining the quality of work life that create communities of healing service.”²⁹ Words in this quoted section like “responsibility,” “meaning,” and “contribution” were elements of employee engagement, the quality most cited by the Gallup Organization as critical to the establishment of a great workplace.

To assist employees to become engaged, the St. Joseph Health System – Sonoma County management team in 2007 developed 34 “Standards of Behavior”³⁰ that clearly identified the behaviors that would be expected of employees as the organization pursued excellent performance and greater accountability. The standards were specific and observable actions that were derived from several existing sets of guidelines, including the health system’s core values, the *Values Standards and Key Indicators*, the former values-based competencies, cultural and linguistic standards, hospital dress codes, the employee handbook, and the code of business conduct. The standards differed from those forerunners only in that they were stated more simply; and in such a way that they could be easily observed and measured, and could be performed by any person in the organization, irrespective of their professional education or training. Employees were asked in mid-year 2007 to sign on to the standards to ensure their awareness and commitment. The standards were promoted and reinforced to build familiarity during the following year, and were planned to be “hardwired” into policies, procedures, orientation, handbooks, and employee performance evaluations by the end of fiscal year 2009.

NOTES TO CHAPTER SEVEN

¹ The original Mission Statement of Santa Rosa Memorial Hospital is included here in its entirety:

To serve the community of Santa Rosa and the surrounding area by providing excellence in health care in an acute, medical-surgical hospital.

To offer this service in an environment imbued with the philosophy and positive acts of Christian charity as an extension of Christ's mission of mercy to the people of God.

To maintain a constant awareness of our dedication to those who are suffering, their relatives and friends; of the welfare of our employees, medical staff, volunteers, and other business and professional associates; and, of the responsibility inherent in ownership and management.

To assist in the maintenance of health and prevention of disease through public education and cooperation with other health agencies.

Following the formation of the St. Joseph Health System, all system entities adopted the following mission statement:

Our Mission: To extend the Catholic healthcare ministry of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

That broadened mission was revised in 2007 to accommodate the change in sponsorship to a Public Juridic Person, as follows:

To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

² The Biblical basis of jubilee is found in Leviticus 25:9-10:

*You shall have the trumpet sounded loud;
You shall hallow the 50th year;
You shall proclaim liberty throughout the land;
It shall be a jubilee for you.*

Jubilee, then, was a time in Israel to restore freedom and justice among people, to reestablish relationships of equality, to remedy the conditions that kept people oppressed and to cancel debts. It was intended to relieve the burdens of the weak and give people an opportunity to start anew. There was a clear social message in the jubilee. The jubilee

year was an invitation to people to see their lives from a divine perspective: all that they were and all that they should be in accord with God's will for building a community of justice, mercy, love and peace. From: "Jubilee: Celebrating 50 Years of Unbroken Commitment," Santa Rosa Memorial Hospital publication.

³ *Press Democrat*, "You're Invited," Special Advertising Supplement, August 31, 2000.

⁴ The essay contest was based on the themes of Accepting Diversity, Promoting Unity, Fostering Understanding, A Sense of Community, and Appreciating Diversity. Entrants could select a single theme or incorporate more than one into their essays. The winning essay on "Appreciating Diversity" earned Montgomery High School's Caitlin Doty a first-place award of \$500. The second-place prize of \$250 was won by Monique Gonzales of Elsie Allen High School for her entry, "Working Together to Join as One: Accepting Diversity in the New Millennium." Third place and \$100 went to Carlos Gonzales, also from Elsie Allen High School, for his essay on "Beginning to Achieve."

⁵ Palliative care is defined by the World Health Organization as an approach that improves the quality life of patients and their families facing a problem associated with life-threatening illness, through prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual. Source: Wikipedia, the Free Encyclopedia

⁶ *Living Healthy*, "The New Reality," St. Joseph Health System – Sonoma County, Summer 2007.

⁷ *Connections*, "Ambulatory Surgery Center celebration is April 28," St. Joseph Health System – Sonoma County, April 21, 2003.

⁸ Many primary care physicians find that they can generate more revenue in the office during the hour or more they would have spent on inpatient rounds. Furthermore, the increasingly specialized care provided in the hospital makes it difficult for primary care doctors to keep abreast of developments. Finally, fewer physicians are establishing solo practices; if one physician of a large group is delegated to make hospital rounds, most of the patients will have already lost their familiar contact.

⁹ *Connections*, "The Hospitalists: Providing excellent inpatient care," St. Joseph Health System – Sonoma County, September 1, 2003.

¹⁰ "Criteria for Sponsorship," Sisters of St. Joseph of Orange, 1982

¹¹ The Sisters of St. Joseph of Orange are the sole sponsors of the following ministries:

- St. Joseph Health System
- The Sisters of St. Joseph Healthcare Foundation
- The Center for Spiritual Development
- The CSJ Educational NETWORK
- The CSJ Justice Center

Bethany (a re-entry program for women); and
Taller San Jose (St. Joseph's Workshop, pronounced "Tie-yer")

In addition, the Sisters of St. Joseph of Orange are co-sponsors with six other religious congregations of Mercy Housing.

¹² The Mission of the Congregation of St. Joseph (CSJ) is rooted in the mission of Jesus and continually unfolds in the Church: "We live and work to bring all people into union with God and with one another, serving their spiritual and corporal needs in all the works of mercy within the power of the congregation."

¹³ "Governance Manual: Requirements for Mission Effectiveness," Interim Health System Board, 1981 (From St. Joseph Health System Sponsorship Executive Committee Memorandum, September 14, 1995).

¹⁴ "Sponsorship with the Laity," Presentation for SJHS Board Chairs and Vice Chairs Meeting, St. Joseph Health System, February 1, 2007.

¹⁵ "Mission and Mentoring Sponsorship Presentation," St. Joseph Health System, April 2002.

¹⁶ *Catholic Health World*, "St. Joseph Health Ministry receives public juridic person status from the Holy See," Catholic Health Association of the United States, March 1, 2007.

¹⁷ *Press Democrat*, "St. Joseph CEO focuses on future," News coverage by Bleys Rose, August 29, 2005.

¹⁸ "Sonoma County's Changing Healthcare Landscape," A special report by Sutter Medical Center of Santa Rosa and Santa Rosa Memorial Hospital, Undated.

¹⁹ *Ibid.*

²⁰ *Press Democrat*, "Sutter stays; worries remain," News coverage by Bleys Rose and Martin Espinoza, March 12, 2008.

²¹ *Living Healthy*, "We're Tops for Patient Satisfaction," St. Joseph Health System – Sonoma County, Fall 2006-Winter 2007.

²² *Living Healthy*, "SRMH Wins a Medal of Honor," St. Joseph Health System – Sonoma County, Fall 2005.

²³ *Living Healthy*, "Notable Facts," St. Joseph Health System – Sonoma County, Summer 2006.

²⁴ *Living Healthy*, “Notable Achievements,” St. Joseph Health System – Sonoma County, Winter 2007.

²⁵ *Living Healthy*, “Notable Achievements,” St. Joseph Health System – Sonoma County, Winter 2007.

²⁶ *Living Healthy*, “Among the World’s Greatest Workplaces,” St. Joseph Health System – Sonoma County, Summer 2007.

²⁷ *Connections*, “SJHS-SC Accepts ‘Best Place to Work’ Award,” St. Joseph Health System – Sonoma County, September 15, 2007.

²⁸ The Values Standards and Key Indicators for Human Resources state that “SJHS is committed to creating a work environment shaped by health, healing, hope, diversity, and mutual respect. By nurturing these qualities within and among ourselves, we can better serve the people within our communities.” Specific indicators of this standard address selection, retention and reward; employee and management training and development; employee relations; balance between work and personal life; workplace safety; support for physical, social, emotional, and spiritual needs of employees, volunteers, physicians and trustees; employee suggestions, concerns and grievances; and mutual accountability. (See also Chapter Six)

²⁹ “Quality of Work Life,” Policy #1-20, St. Joseph Health System – Sonoma County, January 2004, Revised January 2008.

³⁰ The Standards of Behavior cover six areas, including Accountability, Communication, Professionalism, Safety, Service, and Teamwork. Each set of standards began with a general context statement (shown here in italics), followed by specific performance criteria, as follows:

Accountability Standards

I represent the St. Joseph Health System, and I act as if my actions and reputation are its identity.

I come to work on time and prepared to work.

I follow all policies, procedures and regulations that pertain to my job.

I take responsibility for my own actions; if I make a mistake, I acknowledge it and try to fix it.

I do my work honestly, with integrity and accuracy.

I review and respond in a timely manner to all communications directed to me.

Communication Standards

I understand the importance of communication and realize that it starts with me.

I communicate in a respectful manner.

I discuss private matters in a private area.

I listen attentively to others to understand what is being said.

I say, “I will help you find out,” rather than “I don’t know” or “That’s not my job.”

I address co-workers, patients and customers by name.
I smile and greet others in the halls and elevators.

Professionalism Standards

I guarantee confidentiality, respect all aspects of customer privacy, and display professionalism in my appearance and actions.

I safeguard confidential information.

I identify myself promptly and courteously on the telephone or in person.

I am timely, accurate and complete in my work-related documentation.

I wear my official name badge so that my name and photo are visible to others at all times.

I adhere to my department's dress code standards.

I respond to conflict in a manner that promotes positive interpersonal relationships.

Safety Standards

I keep my environment safe for patients, visitors, co-workers and myself.

I consistently utilize all approved and available safety devices and all required personal protective equipment.

I wear clothing and footwear that is clean, safe and appropriate for the work I do.

I keep my work area safe, clean and orderly.

I immediately report and/or correct safety hazards according to protocols.

I prepare for emergencies by keeping up-to-date with our Disaster Board/Box and the policies and procedures for my area.

I consistently use the correct equipment to lift and transfer patients and materials.

Service Standards

I seek to understand and exceed my customers' service expectations by creating an environment characterized by hospitality, trust, and a spirit of community.

I tailor each interaction to the specific needs of the person and/or situation.

I respond to the needs and concerns of customers and fellow employees in a timely manner.

I seek to provide assistance that respects cultural health beliefs and practices.

I attend to individuals needing assistance wherever I encounter them.

I explain patiently and courteously to each person the information they need, including wait times, using language they understand.

Teamwork Standards

I treat my co-workers with the same compassion, care and respect with which I treat my patients and customers.

I share necessary information with my colleagues.

I show respect to all staff.

I provide and seek constructive feedback on an ongoing basis.

I actively participate in staff, department and committee meetings.

I recognize the skills, talents and contributions of others.

I ask for help when I need it.

CHAPTER EIGHT

EPILOGUE

THIS HISTORICAL NARRATIVE reached a stopping point in June 2008. Earlier, the St. Joseph Health System – Sonoma County had faced difficult operational and financial challenges resulting from seismic safety mandates, low reimbursements (as low as 25 cents on the dollar), and increased costs, including the cost of providing care for a greater number of uninsured local residents due to a nationwide economic downturn.¹ Attempts were made by the organization to increase revenues and align its costs of delivering high-quality patient care, but a “multimillion-dollar gap” in expenses during the 2008 fiscal year led to a reduction of 84 beds that were dedicated to services previously acquired in the 1998 purchase of North Coast Health Care Centers. Three units were to be closed in mid-April, including a 38-bed, 55-employee inpatient acute psychiatric unit at the Fulton campus; a 15-bed rehabilitation unit at the Fulton campus, which employed 38 persons; and a 31-bed skilled nursing unit at the Sotoyome campus with 46 employees. The closures of these units also would displace 51 employees who provided therapy and other services to skilled nursing and acute rehabilitation patients in the affected departments, and 22 other employee positions throughout the organization who were not directly engaged in patient care. In all, a total of 212 employees (equal to 135 full-time equivalents) were to be affected. The combined impact of the program closures and workforce reductions amounted to \$7.7 million annually.²

A previous workforce reduction in 1988 had affected approximately one-third of Santa Rosa Memorial Hospital’s employees (*see Chapter Five*). The April 2008 reduction affected approximately 4.6% of the 2,922 employees of the St. Joseph Health System – Sonoma County. According to hospital policy and the health system’s values, persons affected by the reduction would receive “generous” severance pay and benefit

continuation based on their years of service. Additionally, each employee would be offered personalized career planning and job search support to apply for open positions within the St. Joseph Health System and elsewhere, including 120 openings in Sonoma County.³ (By mid-April, 65 affected employees had secured positions at either Memorial, Petaluma Valley Hospital or Queen of the Valley Hospital. Several employees took the closures as an opportunity for early retirement, while others found alternative employment in other health care organizations.)

The closure of St. Joseph's psychiatric unit along with the closure of the county's 16-bed Norton Center (Oakcrest) eight months earlier would ostensibly leave Sonoma County without an inpatient acute psychiatric facility. St. Joseph had attempted to prevent such a gap by forming a partnership with the county and Horizon Mental Health Services, the contracted operators of the acute psychiatric service. As a result, Horizon had agreed to turn the Fulton Road facility into an independent psychiatric facility with expanded services for children and adolescents.^{4,5} As well, St. Joseph was committed to maintaining its outpatient psychiatric service on College Avenue and would continue to provide emergency psychiatric services at Santa Rosa Memorial Hospital's emergency room.⁶ At the time of the writing of this narrative, Horizon representatives and the owners of the Fulton and Sotoyome facilities, psychiatrist Dr. Daniel Marrin and dentist Dr. James Berger, were still in negotiations. As well, the two owners had filed a lawsuit that attempted to stop Santa Rosa Memorial Hospital from shutting down acute inpatient services at the two medical campuses. Their lawsuit charged that, in pursuing the closures, Memorial violated the terms of its leases with them, jeopardized the licensing of the facilities and harmed valuable medical programs that have taken years to build.⁷

Mark Knight, St. Joseph vice president of strategic services, addressed one aspect of the closure of the psychiatric and physical rehabilitation services, stating that "It's hard to be all things to all people." Chief medical officer Dr. Gary Greensweig rounded out that thought by viewing the closures as an opportunity to make Memorial Hospital's core services stronger.⁸ The closures might have been interpreted by some as a diminution of the core value of service; from a ministry perspective, they could be seen also as a strengthening of the value of justice in making the hard choices that would provide the organization with the resources needed to maintain their core mission. Jack Glaser, the St.

Joseph Health System's senior vice president for theology and ethics, provided a way to think about such conflicts by distinguishing between benevolence and beneficence. Benevolence, the kindly disposition to do good and promote the welfare of others, is a feeling of the heart and a saying "yes." Beneficence, or active goodness, implies a choice. According to Glaser, for every yes, there are 1,000 no's. While we might want to do all that is good, we can often choose only to do what we can.

This kind of conflict among competing goods arose with the increasing complexity of the health care industry – complexities that caused the Sisters of St. Joseph of Orange in the latter years of this history to question whether the health care ministry was where they wanted to be. As we have seen in earlier chapters, their decision to stay the course presaged these values tensions and underscored their commitment to "do the right thing" in the face of secular challenges.

As this narrative history neared completion, new developments were occurring. Sutter's decision to not close their Santa Rosa hospital triggered a comprehensive re-assessment of Santa Rosa Memorial Hospital's bed capacity and usage, including a re-evaluation of the closure of the acute rehabilitation service. The 15-bed unit now would be moved to the 1st east section of the hospital's Montgomery Drive (main) campus, with the retention of several of the 45 employees who had been facing layoff or reassignment. The move of the rehabilitation service to the main campus would be part of a "bed stacking" plan that would include the highest and best use of 190 general acute care beds and a total of 276 licensed that were expected to serve patient needs through 2030.⁹

In mid-April 2008, Santa Rosa Memorial announced that it was postponing the expansion of a \$9 million, 200-space parking garage and was canceling plans for a new \$6 million urgent care center in the hospital's medical office building at 500 Doyle Park Drive. Postponement of the parking structure precluded the demolition of the former convent, which was used as office space after the move to Eureka by its former residents Sr. Maria Goretti DeCoite, Sr. Michaela Rock and Sr. Joleen Todd.¹⁰

The first part of this section addressed, in part, the stewardship challenges that faced the St. Joseph Health System – Sonoma County in the last years of its sixth decade

of service. In addition, the organization set itself several strategic challenges for the future that involved its people, the services provided by its hospitals, the quality of its patient care, the needs of the communities it serves, and the forward thinking that has historically positioned the St. Joseph Health System in the vanguard of medical innovation in their geographic regions.

People: The Gallup Organization's award to the St. Joseph Health System as a Great Workplace offered a challenge to maintain a high quality of work life and improve employee engagement, as measured by scores on the annual employee engagement surveys of the workforce. This challenge applied, as well, to providing a place where physicians want to practice.

Service: The entire St. Joseph Health System, chose to improve interactions with patients, families and each other by pledging to make each interaction a "sacred encounter" by assuring that services went beyond expectations and touched lives in personal and deeper ways. Admittedly, a big undertaking, the system referred to this as one of their "big, hairy audacious goals (BHAG)."

Quality: Another health system "BHAG," the provision of *perfect* care, was a way to call attention to the fact that patients deserved the best care possible and that quality needed to be a top priority throughout the organization.

Community: Health system ministries undertook yet another BHAG in their desire to create not just healthy communities, but the *healthiest* communities by taking leadership roles in identifying and addressing community health needs and by achieving collaboration through community partnerships, such as their emphasis at that time on childhood obesity.

Innovation: With the establishment of electronic ICU's (CareWatch) at Santa Rosa Memorial Hospital and Petaluma Valley Hospital, the St. Joseph Health System – Sonoma County turned its attention in 2008 to the continued implementation of Care ReDesign as a way to introduce up-to-date clinical and system technologies.¹¹

NOTES TO CHAPTER EIGHT

¹ “Reduction of Services and Staff,” Memorandum to All SJHS-SC Employees and Volunteers, George Pérez, February 13, 2008.

² *Press Democrat*, “Closed units,” Editorial, February 14, 2008.

³ “Reduction of Services and Staff,” Memorandum to All SJHS-SC Employees and Volunteers, George Pérez, February 13, 2008.

⁴ *Ibid.*

⁵ Note: the conversion St. Joseph Health System – Sonoma County’s Fulton campus to an all-psych facility would complete a circle, as the building was constructed in 1980 as an 80-bed psychiatric hospital operated by Community Psychiatric Centers. With the failure of that enterprise, Dr. Daniel Marrin (also a co-owner of North Coast Health Care Centers), purchased the building and expanded care to include physical rehabilitation services. (*Press Democrat*, “Talks could salvage mental health services,” News coverage by Martin Espinoza, February 24, 2008.) As we have seen in Chapter Six, North Coast Health Care Centers was purchased by the St. Joseph Health System in 1998.

⁶ *Press Democrat*, “Talks could salvage mental health services,” News coverage by Martin Espinoza, February 24, 2008.) As we have seen in Chapter Six, North Coast Health Care Centers was purchased by the St. Joseph Health System in 1998.

⁷ *Press Democrat*, “Landlords sue to halt Memorial plan to close 2 facilities,” News coverage by Martin Espinoza, March 15, 2008.

⁸ *Press Democrat*, “Memorial cutting 212 jobs,” News coverage by Bob Norberg, February 14, 2008.

⁹ *Closing the Loop*, “Update on SRMH Facilities-Usage Options, ARU’s Move to Main Campus,” St. Joseph Health System – Sonoma County, April 25, 2008.

¹⁰ *Press Democrat*, “SR Memorial shelves urgent care center,” News coverage by Bob Norberg, April 16, 2008.

¹¹ *Connections*, Fiscal ’08 Places Many Challenges in Our Path, Article by Mark V. Knight, Vice-President of Strategic Services, November 15, 2007.

APPENDIX A

PROFILES IN MINISTRY

Sister Martha Ann Fitzpatrick, C.S.J.

Wendy Peterson, R.N.

Lynne Head

Kathy Ficco, R.N.

John Reed, M.D.

Al Maggini

Fred Groverman, D.V.M.

Henry Trione

APPENDIX A

PROFILES IN MINISTRY

THE FIRST EIGHT CHAPTERS OF THIS NARRATIVE have recounted the story of the St. Joseph Health System – Sonoma County from the spark ignited by Santa Rosa civic leaders in 1944, to the “recruitment” of the Sisters of St. Joseph of Orange, to the building of the original state-of-the-art Santa Rosa Memorial Hospital by the Sisters in 1950, through decades of service expansion and system integration by Sister-administrators and layperson leadership, up to the present health care ministry dedicated still to extending the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange.

Two interrelated themes have recurred throughout this narrative: the embrace of the Sisters’ mission, vision and values by committed co-ministers, and the continuing support and generosity of people in the communities served by the St. Joseph Health System – Sonoma County. They are like the two sides of a coin with one side representing a wholehearted attraction to a worthwhile purpose, and the other side representing a desire to be a part of that purpose by helping to sustain it.

This final chapter of the general history of the St. Joseph Health System – Sonoma County highlights these related themes through the profiles of a Sister of St. Joseph of Orange, two employees, a manager, a physician, two board members, and a major donor – co-ministers whose stories have graced the organization and through whom its mission has continued.

Sister Martha Ann Fitzpatrick, C.S.J.

Our profiles in ministry begin appropriately with a Sister of St. Joseph of Orange, Sr. Martha Ann Fitzpatrick (*right*), who now is in her 59th year of service. Her current work is at our sister hospital, Mission Medical Center in Mission Viejo, where she serves as the vice president of advocacy and ministry formation. But the personal history of her ministry mirrors the changes that have occurred in the congregation during the past half century.

Sr. Martha Ann was born in Wyoming. “That surprises people,” she said, “because I’m not much of a cowboy!”¹ Her family moved west to California when she was six years old. She resettled in Wyoming to attend high school and after graduation entered the congregation in 1949 during the years of the community’s largest growth.

Like many, if not most of the Sisters in the Orange community, Sr. Martha Ann originally was in the education ministry. She taught 2nd grade at St. Emydius Catholic School in Lynwood in the Los Angeles basin and then, after finishing her baccalaureate degree at Dominican College, was assigned to teach at Mater Dei High School – Orange County’s first co-educational Catholic secondary school – and Rosary High School in San Diego.

Sr. Martha Ann was one of the first Sisters in her community to receive a doctorate from Catholic University (her degree was in history). Sisters Maura Judge, Peggy Detert and Dorothy Donnelly had been the first to matriculate in 1962, and were joined in 1965 by Sr. Martha Ann and Sr. Suzanne Sassus. According to the Sister’s official history, Mother Felix Montgomery, who served a superior general from 1951 to 1963, started the Sisters on the path to higher education in response to a plea at that time by Pope Pius XII to upgrade the educational backgrounds of Catholic teachers so that they could match and excel prevalent standards in public education at that time.² After



receiving her advanced degree, Sr. Martha Ann taught at the congregation's St. Joseph College for Teachers, which later affiliated with Loyola-Marymount University.

After 10 years as a college professor, Sr. Martha Ann was elected by her community to serve on the congregation's council. She served as a councilor for nine years (1977 to 1986) under three general superiors: Sr. Maura Judge, Sr. Jeanne Bird (who died after only one year in office), and Sr. Suzanne Sassus.

The St. Joseph Health System was established in 1981 during Sr. Martha Ann's time as a councilor. "We all served on hospital boards at that time," she recalled. "Sr. Maura would ask us at our annual meetings how the various hospital boards of trustees were carrying out our philosophy of health services. We just kind of hung our heads when she asked that question, because not much was happening in that arena. Then we began seriously to ask ourselves how we could carry out the philosophy and carry on our traditions, and that's when we began to focus on the values."

Her years on the council piqued her interest in health care. She initially worked outside the St. Joseph system at two Adrian Dominican hospitals – Dominican Hospital in Santa Cruz and St. Rose Hospital in Nevada, helping them to affiliate with a strong Catholic health system. "They considered affiliating with us," she said. "They also considered the Providence system and Catholic Healthcare West, and made the ultimate decision to join with CHW."

Sr. Joleen Todd became the congregation's general superior in 1986. Sr. Martha Ann had completed her work as a councilor and Sr. Joleen asked her if she would go to Santa Rosa to lead a sponsorship role at that ministry. She would become in 1988 Santa Rosa's first director of philosophy implementation and later its first vice president of sponsorship, serving six years in those positions. Sr. Martha Ann was grateful for the help she received from Sr. Peggy Detert, who had done a lot of pioneering work in the new field of sponsorship while she was missioned at Queen of the Valley Hospital in nearby Napa.

"Santa Rosa Memorial Hospital was doing poorly at that time," she said. "We had experienced a change in administration and the arrival of a new executive team from Texas." [Note: Memorial's CEO George Heidkamp had in 1988 been replaced by Jake Henry Jr.] "I liked Jake Henry and appreciated his straightforward and direct style," she

said. “He had to lay off a lot of people to turn the hospital around and it was so hard. I remember thinking that the affected employees were such good and positive people. The layoffs were so difficult.”

Sr. Martha Ann’s fondest memories from that time were of the employees. “I enjoyed working with the staff and appreciated the help I received from people like Nancy Steiger and Robin Hagenstad (former nurse executives), department directors Kathy Brophy (Nichols) and Kathy Ficco, and [this author].” She also singled out medical staff members Dr. Michael Gospe and his passion for bioethics, and former chief of staff Dr. Nicholas Anton, who worked with her in orienting the medical staff to the health system’s core values. Speaking of the values, she recalled the luncheon held to honor the recipients of the Values in Action awards, which began in 1988. She remembered still the moving words of Tom Payne, an environmental services employee who received both the local and the system-wide awards for the value of service in 1991. “The Values in Action awards are a wonderful recognition that continues to motivate people,” she said. “It is such a good way to internalize the values.”

Sr. Martha Ann is credited with beginning Santa Rosa Memorial Hospital’s community outreach programs. She started the hospital’s “compassion in action” committee, and recalled that the committee’s chairman, John Doolittle, was the person who coined that descriptive name. As well, she initiated the hospital’s first community assessment (conducted by Georgia Berland) that led to the establishment of our first dental clinic on Morgan Street and the mobile health clinic that initially served uninsured and underserved persons in areas such as Windsor and Sonoma. “It is gratifying that those services mushroomed and did a lot of good,” she said.

“I certainly did enjoy my years in Santa Rosa; it was a very good experience,” she said. It was a mutual affection, for Sr. Martha Ann Fitzpatrick was much loved and remembered still by those who worked with her.

Wendy Peterson, R.N.

Staff Nurse IV, Wendy Peterson, R.N. was named as Santa Rosa Memorial Hospital's 2007 "Workplace Hero" or "Employee of the Year" in recognition of her nursing skills, effective interpersonal relationships, and her 38 years of dedication to a job she loves. Wendy applied to work at Santa Rosa Memorial Hospital after her second year of nursing school in 1969 and was hired immediately. She began working in pediatrics, primarily as a nurse's aide and floating to other departments, as well. After graduating from nursing school and passing her state boards, she began her R.N. orientation in pediatrics. At that time, the pediatrics department was a 22-bed unit on the first floor of the old hospital. Wendy recalled that the average daily census was about 10 to 12 children. "We did a lot of T and A's (i.e., tonsillectomies and adenoidectomies) and the outpatient surgery program did not exist. Patients stayed in the hospital longer than they do today," she said.



According to Wendy (*seen here at left*), students in three-year nursing programs, like the one she attended at St. Francis Hospital in San Francisco, were taught to work independently and gained experience running floors under supervision during their third year. After her R.N. orientation in 1970 she was asked to be a relief charge nurse in the new intensive care nursery. Wendy recalled having seen tiny babies through the windows in San Francisco hospitals. She had never been allowed in an intensive care nursery, but agreed to take special classes to gain more knowledge in this new field of medicine. Some of her first babies were the head nurse's twins.

Neonatology as a medical specialty was in its own infancy. She recalled that Dr. Frank Miraglia was the first neonatologist in town, and that Drs. Harry Ackley and Lou Menachof had been "grandfathered" into the sub-specialty. "Before that time, pediatricians and the nurses went to the same classes to learn about the care of premature

babies,” she said, recounting the names of several other pediatricians: Drs. Michael Davis, Donald Meyer, Jim O’Malley, Dionicio Ruiz, and Joe Schaefer. She also remembered the “top-notch” respiratory therapists with whom she has worked: Don Logan (now in his 35th year at SRMH) and Mike Lindsay, who skillfully adapted adult ventilators to accommodate the special needs of premature babies.

Wendy has lived through many changes during her long tenure. Following the trend toward natural childbirth in the 1960’s, there was an increasing demand for fathers to be present in the operating room for the surgical births of their babies. This trend was not easily accepted by all the members of the medical care team, but Wendy stated that she supported the importance of this practice from its inception, and was instrumental in encouraging the medical staff to accept the change.

In the years that followed, Wendy learned to be a labor and delivery nurse. That knowledge, in addition to her ICN skills led to an offer from assistant nursing director Sr. Diane Hejna to assume the leadership of the OB department in 1980. “I didn’t have management experience and preferred direct patient care, but I wanted to give it a try and do the best job that I could,” she said. However, she soon discovered that her passion was to be working with the mothers and their newborns; after six month she returned to her position in the ICN.

The move to the new maternity unit hospital in 1983 was very exciting,” she said. Wendy recounted a wonderful story from that time that now would be called a “sacred encounter.” “One of my favorite patients was a tiny baby, not quite two pounds, whom I cared for in 1976,” she said. The baby had required extreme oxygen therapy and, as a result, sustained damage to her retina. She became legally blind as a result of her illness. On the day of the move to the new west pavilion, Sr. Diane asked me to go back into the vacant unit to see if anything had been forgotten. While I was taking one last glance around, I heard a noise in the empty hallway. I turned around, and there was my patient, now a school-age child. Her father had brought her to the hospital to visit the place where she was born. I was able to be with them for that experience and I watched as she circled the empty room tapping out the area where she had spent her first months of life.”

Another vivid memory concerned the power of the mother/baby bond. A young woman was fighting for her life in the operating room when Wendy called the nursery staff to bring her newborn to the mother before general anesthetic was to be administered. Wendy placed the baby next to her face and told her she needed to take care of her baby when she woke up. The mother later recalled that she wanted to escape from a runway that led to a shining, inviting light, but remembered that she needed to be there for her baby.

Wendy has wonderful memories of her co-workers, as well. She recalled the one-day “Jet Set” trip to Los Angeles to see the *Phantom of the Opera* with several of her colleagues, canoe trips on the Russian River with hospital staff, and many celebrations of births, birthdays and retirements. “I have worked, and continue to work, with so many wonderful people,” she concluded. “I marvel at the teamwork I encounter each day and I am grateful for a truly rewarding journey over the past 38 years.”³

Lynne Head

Medical staff coordinator, Lynne Head (*right*), is one of a small number of valued Petaluma employees whose career embraces service at both Hillcrest Hospital and its successor, Petaluma Valley Hospital. A native of Oakland, she and her husband moved to Petaluma for her husband’s first teaching job in 1970. (He recently retired after a 30-year career with the Petaluma School District.) Lynne had worked while her husband was completing his credential in San Luis Obispo; and when they came to Petaluma, she too went looking for employment. “There weren’t many jobs in Petaluma,” she said, “but I thought it would be



interesting to work in health care. I drove by the old Petaluma General Hospital, but could find only a converted Victorian house, which I didn’t realize at the time was actually a hospital.” I filed an application with the newer Hillcrest Hospital and was hired

in August as the administrative secretary to the hospital's administrator Joe Horner, who had started his position only a few months earlier." (This position later evolved into the dual position of medical staff coordinator and administrative secretary.) Apparently, Horner hired Lynne thinking that she was an English major, but her college degree was in early childhood education. "I really was an old-style 'personal secretary' who took dictation and was expected to get the administrator's coffee several times a day;" she said; "Bbut Joe taught me a lot about health care."

Lynne hadn't expected to start a family any time soon, but got pregnant during her first year on the job. She recalls that health insurance then did not cover maternity and her privately-paid, three-day stay was billed at \$57 a day. After the delivery, she decided to resign in order to be a stay-at-home mom, but it only lasted a year. Her replacement left soon after being hired and Horner pleaded with her to come back full time. She accepted the invitation and worked full time until her second child was born, then worked part time until both children started school. She officially retired in 2001, but "left the door open" for part time work. She now works two days a week in medical staff services, assisting department manager Katy Santy by coordinating the continuing medical education (CME) program for the 115 members of the active medical staff and the 100-plus members of the courtesy and consulting staff and also staffing several medical staff committees.

Lynne has collected some fond memories over her 38-year career. "Hillcrest was like a family and some of my closest and best friends worked there or at PVH," she said. Nurse Margarethe Kircher (herself a 42-year employee) cared for both of her children when they were born. Groverman Hall, where Lynne works today, originally was on the Hillcrest site before its move to the PVH location. "Several of us who worked together at the Groverman Hall site at PVH became known as the 'Grover Girls,'" she said, recalling the names of her "best friends at work": Sondra Adams (public relations), Joyce Hendrickson (risk management), Sharon Sibbit (credentialing), and Audrey Phillips (infection control). They have since retired, but still get together.

"We've had such wonderful personal relations with our doctors," she said. Many of them attended the hospital holiday parties with employees at the Petaluma Women's Club on B Street, a smallish venue where her daughter's wedding reception was held.

Several of those early physicians are only now retiring after 50 or so years in practice, including family practitioners Dr. Dave Sisler and Angelo Leoni and urologist Dr. Alfonso Richards. She remembered Dr. Ralph Keill, who was one of the first general surgeons in Petaluma. He had just moved into town and had not yet had his phone service installed. Lynne drove to his house to ask him if he would help staff the emergency department. “In those days we staffed the ER with whomever we could find. It helped us and it helped the doctors to build their practices,” she said.

“We were all pretty excited about the move to the new Petaluma Valley Hospital,” she recalled, “because we were busting at the seams and had to put some patients in the halls, separated only by screens.” One of the district board members at that time was dead-set against the move. The retired high school chemistry teacher was convinced that the district ought to expand on the site of the old Hillcrest Hospital, and strongly advocated that position. He would often drop in to see if there were empty beds at Hillcrest in order to bolster his arguments. According to Lynne, the staff would usually get wind of his approach or spy his car in the hospital parking lot. “When they saw him coming, the staff would quickly rumple the sheets on any temporarily unfilled beds so that he would think we were at capacity when he poked his head into a patient room,” she said.

It was a challenge to move everything from Hillcrest to the new Petaluma Valley Hospital. “We had one orthopedic patient in traction,” said Lynne. “We had to wheel him, his bed, and the accompanying director of nursing, Teresa Learned, into a dedicated moving van.”

Hillcrest Hospital and Petaluma Valley Hospital had always demonstrated a special neighborly relationship with the community they served. The district board was (and still is) elected from the general population, community fund raising and public bond issues helped to build both facilities, and district and hospital programs have helped to build healthier communities. “Several years ago – before today’s heightened emphasis on patient confidentiality – former OB department director Margarthe Kircher used to have a daily spot on the local KTOB radio station. She would give a daily ‘stork report’ featuring the names of all of the babies born at the hospital,” Lynne recalled. “The

Petaluma Argus Courier even published a daily census with the names of all newly-admitted and discharged patients.”

After 38 years, Lynne is still attracted by Petaluma Valley Hospital’s mission and her work with the members of the hospital’s medical staff. Moreover, she treasures the friendships she has made as well as the organization’s close-knit culture of “pitching in to help one another.”⁴

Kathy Ficco, R.N.

For Kathy Ficco, executive director of community clinics and programs, working at Santa Rosa Memorial Hospital has been a lifelong journey. As a young girl growing up on a



farm in Petaluma, she had been attracted to veterinary medicine, but her Auntie Ann, a nurse at the former Community Hospital, influenced her eventual decision to pursue a career in human health care. Kathy (*on the left*) enrolled in the nursing program at Santa Rosa Junior College, which at that time allowed students to work part time while attending classes. She was attracted to working at

Memorial because of its excellent reputation and walked into the personnel department to file an application on June 21, 1971. “The people there were so kind and courteous. I had a good feeling just walking through the door. They took my application and walked it and me right over to the business office. There was a position open for a part-time cashier and I was hired that day!”

Kathy worked in the business office for two years while attending classes at the J.C. That was during the administration of Sr. Mary Esther Lawson, Memorial Hospital’s last Sister-administrator. Kathy recalled that the business office was in what employees called “the house,” the hospital proper, located between the Art Deco tower entrance and the east wing. “The office contained a huge walk-in safe, which included a small cubicle for cash and checks. It had only a *wooden* door. Since our cash was picked up daily by

Brinks, there was not much currency in there, so that's where the staff stored their purses. It was my job to type the emergency room statements. The basic charge for a walk-in visit then was \$8. There was a nun in admitting who was kind of gruff. When she called over with the census, we had to write it down real fast, because we didn't want to upset her by asking her to repeat anything. She later was transferred to the personnel department, where she turned out to be just delightful. I guess admitting was not a good fit,' she said.

In those early days of the hospital history there were fewer people and just about everyone was located in the same building. There was a friendly, family-like atmosphere and Kathy and the 11 other employees in the business office contributed to potlucks on the weekends they worked. After graduation and marriage in 1973, Kathy was hired as a night-shift nurse on the medical-surgical unit, which was located on 2nd main, where most of the new graduate nurses began their careers. "The day shift was more harried," said Kathy, "but we had time in the evening to offer every patient a back rub every night before they went to sleep. We even had time between calls to make ornaments to give to patients at Christmas."

Kathy transferred to a step-down unit and floated to critical care, where she met several of the emergency physicians. She remembered fondly Dr. John McDonald, a family physician, who became Santa Rosa Memorial Hospital's first contracted emergency department medical director. "He was the first person to really organize the staff. Until he arrived, nurses in surgery or critical care would call private doctors to staff the ED on a rotating basis." Dr. McDonald invited Kathy to work in the ED in 1975. He and Drs. Larry Turley and Barry Smith (who is still on the ED staff) took special training at San Francisco General in managing the care of trauma patients. They imparted their knowledge to the nursing staff, teaching them to be nurse diagnosticians, how to start the patient's care, and eventually to be mobile intensive care nurses (MICNs).

Dr. McDonald had a very special influence on Kathy. "He also fought hard to initiate emergency medical technician training for ambulance drivers and successfully established the first paramedic base station at Memorial against some stiff resistance by the County health officer and others. He was passionate and he was right, and he was a good doctor too," she said. Before that time the level of training had been inconsistent.

Ambulance companies such as the former Nohrbom's in Sebastopol would call in en route with the incoming emergency patient's condition. "If they said the patient was stable, we knew that the patient most likely would be critical."

Kathy also recalled fond memories of other physicians and employees. "I was blessed to work with Dr. Tom Torgerson and his partner Dr. Bill Rogers, who were the sweetest, kindest doctors of all. I also got to work with some great trauma surgeons like Drs. Jim Palleschi, Bob Richardson and Peter Shapiro." [All three have since retired or moved out of the area.] She has tender memories of the OB staff when her four children were delivered. Nurse Wendy Peterson was acknowledged for being with her when Kathy went into labor prematurely with twins at 31 weeks. Her surviving twin, Danny, weighed only 2 lbs. 9 oz. and was on a ventilator for five weeks. Pediatrician Dr. Michael Davis arrived within minutes from a tennis game with his wife after the twins were born. Because of the loss of Danny's twin, Kathy became close to Memorial's chaplain and bioethics committee member Fr. Anthony Gamble, "a wonderful person who emanated peace love and spirituality." (*See Chapter Five for a recollection of Fr. Gamble.*)

In 1989, Kathy had an opportunity to "try out" as a nurse manager of the Rohnert Park Healthcare Center, but after two years she realized that she missed "the lights and sirens" and went back in 1991 to be the emergency department manager. She was laid off as part of the major hospital reorganization in June of 1996, but Sr. Michaela Rock, vice president of community benefit, tapped her immediately to be the executive director of medical access programs. Kathy had been responsible for the administration of the mobile medical clinic, which was then housed in the emergency department. Her new position would embrace the expansion of community-based outreach programs and would include the mobile medical clinic; the dental clinic; the Elsie Allen school-based clinic; and later House Calls; a mobile dental clinic in 2002; the lay health promoters of the Promotores de Salud program; the "Mighty Mouth" dental prevention program; and MiVia (mee-vee-yah, Spanish for "My Way"), a secure, web-based project that includes patient-centered health information and personal health records.

Kathy admits to special thoughts and appreciation for the Sisters with whom she has worked: Sr. Marian Schubert for her jovial and compassionate presence for the vulnerable served by the mobile health clinic; Sr. Maria Goretti DeCoite for her loving

presence to families and staff at the hospitals and with House Calls; Sr. Michaela Rock for her visionary leadership and for engaging people in thoughtful conversations; Sr. Joleen Todd for her principle-centered leadership style; and Sr. Martha Marie Linhares for her positive energy and sense of humor.

Kathy Ficco is a self-professed “adrenaline junkie,” who doted on the fast pace of emergency care, the close coordination of a caring team of professionals, and saving lives. Now, she has integrated that attraction with her wide-ranging skills and her strengths in maximizing, inclusiveness, connectedness, adaptability and positivity to leading a team of people who are devoted to compassion, action, and making a difference in the community. “I was initially attracted to Santa Rosa Memorial Hospital because of its reputation and because it was a good fit for a part-time student, but it has been people who have kept me here,” she said. “Each journey has been a treat in itself. I’ve learned and grown and I believe I’ve helped others to learn and grow, as well.”⁵

John Reed, M.D.

The reader will recall from Chapter Three that Lucile Kelly, patroness and pioneer of Santa Rosa Memorial Hospital’s cardiac care programs considered it her “coup” to have attracted a young Dr. John Reed (*right*) to move from Duke University in North Carolina to rural Santa Rosa to become the full-time medical director of the Lucile and Paul B. Kelly Cardiopulmonary Institute. “I had always wanted to come west,” said Dr. Reed, but his journey to Santa Rosa was not in a straight line. He had been planning to be chief resident at the University of Washington medical center, when he was offered a position to head the Veteran Administration’s catheterization laboratory at Duke. He was committed to the Washington post, but the VA’s offer was a big opportunity for a physician in the early stages of his career. Fortunately (and with the advocacy of a good and well-



connected friend), the University of Washington offered him “an out” that enabled him to fill the VA position.

After a year, he looked west again. While investigating possibilities in Oregon, he learned that some people in Santa Rosa, California, were planning to develop a full-fledged cardiopulmonary program. “I drove down to Santa Rosa on July 7, 1973, and it was absolutely beautiful,” he said. Thoracic surgeon Dr. Carl Nagle arranged a dinner with Lucile Kelly, who soon offered John “all the inducements I needed,” namely a dedicated center with a first-class catheterization lab and the ability to design it. “I called my wife, and the first thing she said was “Santa Rosa is on an earthquake fault. I don’t know how she knew that, but she did. But after seeing the Valley of the Moon, I knew that I wanted to move here.”

John and his wife and two children and dog drove to their new home in the family’s Chevy Blazer on June 30, 1974. “It was unbelievably hot that day,” he recalled. They settled in a rented home on Winding Ridge Road that had been occupied at different times by colleagues Dr. Mike Gospe and Dr. Jim Gude. Dr. Reed later learned that several physicians in the Memorial Hospital department of medicine had been resistant to his move. The members of that medical staff standing committee had voted 13 to 8 to send him a letter asking him not to come to Santa Rosa, as no physicians at that time were practicing in a medical sub-specialty. (It was the beginning of the move toward sub-specialization.) However, the committee chairman, oncologist Jules Jaffe, refused to sign the letter and Harvard-educated Dr. John Reed became the first physician in Santa Rosa to have been trained specifically in the internal medicine sub-specialty of cardiology.⁶

While his introduction to the local medical community was less-than welcoming, within a short four months, Dr. Reed was receiving consultations from every inpatient intensive care and coronary care bed in Sonoma County. As well, a meeting with community leaders hosted by Mrs. Kelly and good friend Henry Trione at the Villa Restaurant in early July helped to provide valuable community support for him and the work of the fledgling heart center. “I started hospital rounds at 6 o’clock in the morning on July 3rd,” he said. “By 9 o’clock, I was a half-hour behind and I haven’t caught up since.”

The cardiac catheterization laboratory in the Kelly Institute opened on January 26, 1975 to perform the county's first coronary arteriography with right and left heart catheterization. John and Phyllis Bogart, with one tech and one circulating nurse, did it all, including patient transport and cleaning up between cases. The first angioplasty was done at the Kelly Institute 1981, but "the arrival of Dr. Richard Miller in 1984 built enthusiasm" and the volume in the lab increased dramatically. As well, in 1981 cardiovascular surgeon Dr. Ted Folkerth was recruited from Good Samaritan Hospital in San Jose to head Memorial's new open heart surgery program. Now patients in Sonoma County would not need to travel to the Bay Area for sophisticated heart care.

Dr. Reed's practice expanded to become Cardiology Associates with the recruitment of Drs. George Smith, Tom Dunlap, Jim Price and Tim Sheerin. Dr. Reed left in 1982 to be a solo practitioner, and then combined resources with Dr. Joel Erickson and later with Drs. Jose Ballesteros, Pat Devlin, John Hunter, and Peter Yoo, as well.

In addition to his medical leadership, Dr. Reed is one of the longest serving members of the hospital's board of directors, having served 11½ years as an ex officio chief of the medical staff, as an elected-at-large member, and once serving out another member's vacated term. As well, he has been a board member of the Santa Rosa Memorial Hospital Foundation since 1992 and, as we have seen in Chapter Six, was responsible for transferring the charitable funds from the former Paul B. Kelly Foundation into the accounts of the hospital foundation.

Throughout the years, Dr. Reed had worked with or been influenced by several Sisters of St. Joseph of Orange, and noted his fondness for Sr. Dorothy Ann Yee (former sponsorship representative), Sr. Suzanne Sassus (former general superior and Memorial Board member), Sr. Marianna Gemmet (former member of the general council and Memorial board), and Corinne Bayley (former Sister of St. Joseph and Memorial Board member). His fondest memories, however, were of Santa Rosa Memorial's iconic priest-chaplain, Fr. Anthony Gamble. "I doubt if I ever attended a dying patient without his being at my side," he said. "He was a dear friend and confidant, who could administer the last rites (i.e., the sacrament of the sick) without anybody being scared. He was a great influence and opened for me what it means to be a hospital chaplain and pastor."

Al Maggini



Former auxiliary president, Billie Keegan, was fond of referring to her good friend Al Maggini (*left*) as “The Count.” It was an apt term of endearment, for Al Maggini not only represents Old World charm and manners but also is someone who clearly can be counted on over the long haul. He is proof positive that co-ministry with the Sisters of St. Joseph of Orange can be a lifetime relationship. A successful stock broker, Al believes that whatever success he has had, he owes to the community. His wife of 63 years, Helen, had received impeccable care at Memorial during her lifetime. “That’s why I’ve been involved in nearly every fund raising drive the hospital has undertaken,” he said.

Al was tapped for hospital leadership by past Santa Rosa Junior College president Randy Newman, who invited Al in 1971 to be a board member of the original Memorial Hospital Foundation of Santa Rosa. In 1975, Mr. Maggini served as chairman of the capital campaign that raised \$1.3 million for hospital equipment. In 1977 he began a long relationship with Memorial Hospital’s board of trustees, serving three separate terms over a period of 12 years (right up to 2007), including four years as board chairman.

Al recalls being taken to lunch by hospital president Jim Houser and this writer in 1991. Mid-way through the meal, he said in his no-nonsense way that he didn’t believe in free lunches and wondered what the heck we had in mind. Because of his history of leadership and commitment, Al had been the perfect choice to help form a new hospital foundation and “what we had in mind” was for him to take on the community leadership for that effort (*see Chapter Six*). Al readily agreed to get involved, but only if he could select the members of the preliminary board of directors. His stellar selections included long-time hospital supporters Tom Freeman, Nancy Henshaw, the afore-mentioned Billie Keegan, and Gene Traverso. Al served for three terms as chairman of that original body and the subsequent expanded board of directors. During his tenure the infrastructure of

the foundation was established including the formation of the still-popular pro-am golf tournament (his brain child), annual direct mail donor solicitations, and an initial major gift campaign that raised more than \$1 million dollars for a linear accelerator in the recently built cancer center. Raised as a Catholic, Al was and is a great admirer of the Sisters, and especially Sr. Michaela Rock, who initiated the hospital's community benefit programs. Al was an early supporter of the mobile medical clinic and was instrumental in earmarking revenue from the foundation's golf tournament to help support that community service.

Although no longer serving as a board member, Al's leadership continues in important ways. He recently served with Jean (Mrs. Charles) Schulz as co-chair of the foundation's fundraising campaign for the Norma and Evert Person Heart Institute and the electronic ICU ("CareWatch"). His personal gift of a \$1 million matching grant was a key to the success of the campaign that raised more than \$15 million. "It has been so rewarding for me to take part in such a vital, important cause. I know that whenever I can help get thousands of large and small gifts together, I am building a healthier community that we can be proud of," he said.⁷

Al's generosity and community involvement has deep roots. He served for 33 three years on the Santa Rosa Junior College board (the Maggini Center for business administration, office technology, and computer and information sciences on the JC campus bears his name). As well, he has served on the board of the Hanna Boy's Center, the board of the erstwhile Santa Rosa Health System (*see Chapter Five*), and has been a supporter of our organization's care for the poor programs. "One year," he said "I found myself chairing the hospital board, the junior college board, and the Hanna board all at the same time."

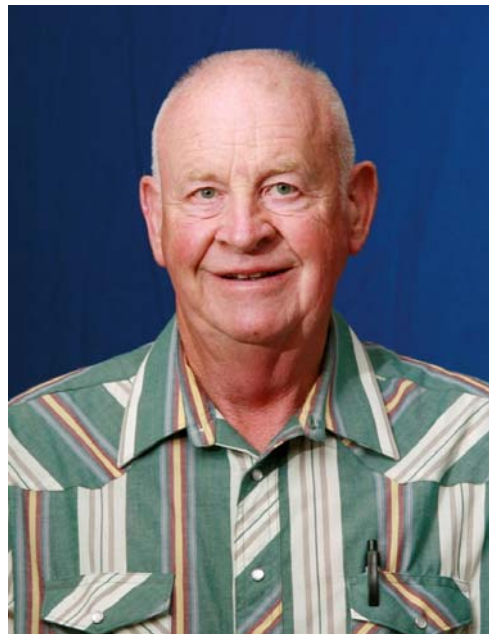
Al is no stranger to hard work. He was born in San Francisco and attended Catholic St. Brigit's grammar school and the Jesuit St. Ignatius High School. The Depression and the death of his father sent him into the workforce instead of a college classroom. He performed odd jobs, turning over all but \$25 his \$65 monthly salary to his mother to help with family living expenses. World War II interrupted his later work in the oil fields of southern California. He enlisted in the Army Air Corps and served as a navigator in the vulnerable nose of a B-17 bomber in the 351st Bomb Group. "I achieved

the exact same test scores for pilot, bombardier and navigator, but they were short of navigators, and so that's where I went," he said. After the war in 1947, he and Helen moved to Sonoma County where he worked as a stockbroker and then sales manager for 20 offices of the now defunct firm of Mitchum, Jones and Templeton. In 1978, Al opened the Merrill Lynch office, where he still works today as a 93-years-young top producer! "It's been a great run," he said modestly.

It has been "a great run" for the St. Joseph Health System, as well. Al Maggini clearly demonstrates his employer's principles of Integrity and Responsible Citizenship, as well as our organization's compatible core values. Al has been a reliable friend, an effective goodwill ambassador, a person of integrity, and an exceptional role model. It is appropriate that he was honored with one of the first four Values in Action Awards in 1988, the year the values awards were initiated. Nine years later, he repeated the honor by receiving the 1997 Values in Action Award for Excellence at both the local and system-wide levels.

Fred Groverman, D.V.M.

Dr. Fred Groverman's many honors attest to his ranching skills, professional medical accomplishments, and a lifetime of community service to his city, county and state. A native of Petaluma, Fred (*right*) has been named the Cotati Chamber of Commerce's "Citizen of the Year," an honorary member of the Petaluma Fair Board, a lifetime member of the California Veterinary Medical Association, and "Sheep Person of the Year" by both the Sonoma County Purebred Sheep Breeders and the North Bay Wool Growers. As well, he has been a recipient of several awards including the Santa Rosa Chamber of Commerce's "Achievement in Agriculture," the California Wool Grower's "Order of the Golden Fleece," the Sonoma County Harvest



Fair's "Lifetime Contribution to Sonoma County Agriculture," and – with his wife Pat – induction into the Sonoma County Farm Bureau's Hall of Fame. He is an honorary member of the Sonoma County Fair board of directors, founder at 18 years of age of the first Sonoma County Young Farmers, a former prize-winning junior sheep shearer, sheep judge, delegate to the Shropshire Breeders Association world congress, author, veterinary partner, sheep health consultant and educator, volunteer fireman, local school board member, past president of the Sonoma State University President's Advisory Board, 4-H leader, community fund raiser, and philanthropist.

Of special significance to this historical narrative is his involvement in health care. Fred's 27-plus year's relationship to Petaluma Valley Hospital began about a dozen years after the formation of the Petaluma Hospital District, forerunner of the current Petaluma Health Care District. He was asked in 1968 to join a citizen's long-range planning committee that was formed to advise the district concerning the future of its Hillcrest Hospital. His engagement in that process led to his election to the district's board of directors in 1971. Following that initial seating, Fred continued to be re-elected by the residents of the district. His service until 1998 included four terms as president and lodged him in the sole position to date as the district's longest-running board member.

Fred recalled that the move from Hillcrest's location on Hayes Lane to the present North McDowell Boulevard site of Petaluma Valley Hospital was difficult. "Most people wanted to expand on-site and there was an alternative site on Trouty Lane," he said. "As well, there was an east-west split in Petaluma. The residents on the east side of town were more established and some considered the newer move-ins on the west side of town to be 'foreigners,' particularly since many of them commuted to the Bay Area for work," he said. Fred was one of the advocates for the McDowell location, and was proud that the district and their Nashville-based construction managers, Hospital Affiliates, were able to build the new Petaluma Valley Hospital there in 1980 for a mere \$74 per square foot.

Joseph Sheeks, who was the attorney for both the Petaluma Health Care District and the Association of California Health Districts (ACHD), convinced Fred to serve on the state association's board of directors, a position he held for 14 years (two 7-year terms of office), including two two-year terms as board president and another term as vice president. Fred's service at the state level led to his involvement in organizing

“Program Beta,” a spin-off of the association, formed by a joint powers agreement of the California health districts, for the purpose of providing risk management programs and medical malpractice insurance for the districts. Fred served on Program Beta’s board from its founding in 1979 until 1999, again assuming leadership roles as secretary, treasurer/auditor, and president of the \$160 million entity. Fred’s service to the California health districts was acknowledged in 1995 when he was appointed to the status of director emeritus of the Association of California Hospital Districts.

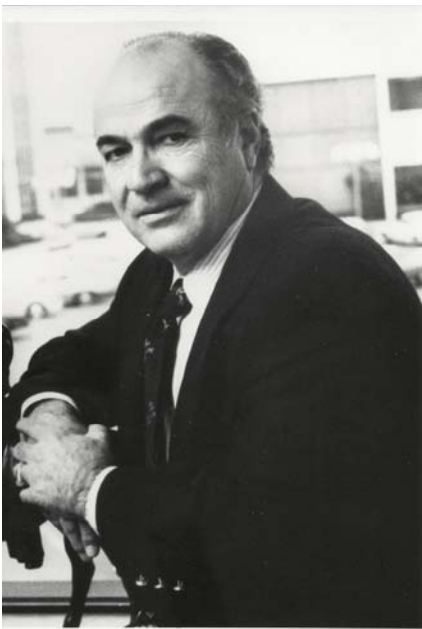
Fred and Joe Sheeks established the Petaluma Hospital District Foundation in 1975. Over the years the organization’s name has been changed to the Petaluma Valley Hospital Foundation, Petaluma Community Health Foundation, and now the Community Health Foundation of Greater Petaluma. The organization that he co-founded was seeded by a \$1 million gift from Petaluma rancher Ray S.E. Button. Initially, it was hard to find people who would help to raise more money for the foundation. “We had about 50 people on the hospital foundation at one time, and many of them were ‘knife and fork’ members,” said Fred. “We couldn’t generate more than enough money to just cover staff salaries.” Over the years, however, the foundation has been successful in providing more than \$3.7 million in community grants for a wide range of services, including the Petaluma Health Center, Committee on the Shelterless (COTS), Salvation Army, Boys and Girls Clubs, YWCA, Meals on Wheels, Petaluma Teen Center, and the Health Community Consortium HC². Fred recently helped to ensure the continuity of the foundation’s work by his and Pat’s establishment of the Groverman Family Endowment Fund, a permanent investment in youth scholarships.

Fred Groverman’s association with the St. Joseph Health System took shape prior to its affiliation with Petaluma Valley Hospital in 1997. “The board knew that they had to affiliate with a strong partner to assure the future of PVH,” he said. They talked to Sutter and St. Joseph and decided on the current management contract with Santa Rosa Memorial Hospital (*see Chapter Six*). According to Fred, he and fellow district board member Sue Ellen Thompson served on the committee that negotiated the SRM Alliance affiliation agreement, as they were the only district board members who did not have a conflict of interest. Fred then served for two to three years on the alliance board of directors and its community benefit committee, which later merged with Memorial’s

committee to foster an areawide approach. He singled out the community benefit programs of the St. Joseph Health System – Sonoma County for the good that they do in Petaluma and throughout Sonoma County.

It is a fitting tribute to his leadership in local health care that Petaluma Valley Hospital chose in 1982 to name its education and meeting facility “Groverman Hall” as a perpetual reminder of his many contributions to the health of the Petaluma community.⁸

Henry Trione



It is a challenge to compose a short profile of Henry F. Trione (*left*). Much has been written in local publications about the well-known and highly respected businessman, financier and philanthropist. As well, a web search of his name produced more than 14 pages of entries enumerating his varied interests in banking, commerce, education, health care, recreation, sports, politics, Catholic layperson leadership, naval affairs, and the arts. Taken together, this impressive array of biographical information paints the picture of a man who cares deeply about Sonoma County.

A large number of our community’s helping organizations have been grateful recipients of the “Trione Touch.” He was the first president of the United Way of Sonoma and Mendocino County; spearheaded a fund drive for the bankrupt intercollegiate athletic association at Sonoma State University; contributed to the preservation of the old downtown Santa Rosa post office and museum and the Green Center for the Musical Arts; acquired land for a soccer field, the 5,000-acre Annadel State Park, and the Boy Scout’s Camp Navarro; and helped to found such key institutions as Empire College, the Wells Fargo Center for the Arts, and the Volunteer Center of Sonoma County.⁹

His well-deserved recognitions have included earned him the Boy Scout’s Distinguished Citizen and Silver Beaver awards, the State Parks Association Golden

Poppy award, the UC Berkeley Alumni's Excellence in Achievement award; and the U.S. Navy Supply Corps School Distinguished Alumnus award. As well, he has been installed as a member of the Ducks Unlimited Emerald Feather Society, and has waved to his fellow citizens from the back seat of a convertible as Grand Marshal of the Luther Burbank Rose Parade. There have, no doubt, been more honors with more to come.

Perhaps no other organization has benefited more from Henry's generosity than Santa Rosa Memorial Hospital. His association with the hospital dates back to the start of the Sisters healing ministry in Sonoma County. He was present for the hospital's groundbreaking in 1948 and its dedication the following year. In 1957, Memorial's administrator, Sr. Liguori McNamara, tapped the talents of young Henry Trione, founder of the Sonoma Mortgage Company, to head the community fund appeal that would contribute one-third of the \$1.1 million needed to construct the new east wing, raising the capacity of the hospital from the original 90 beds to 150 beds.

Henry was a member of the hospital lay advisory board that was formed in 1967, and in 1969 served on a select committee to seek funds to reimburse the hospital for the \$250,000 in damages that resulted from the major Rodgers Creek earthquake that year. He was a charter member of the 1971 Hospital Foundation of Santa Rosa, and seeded that organization with its initial charitable gift of \$5,000. In 1975, Henry served as a member of Al Maggini's steering committee that raised \$1.3 million for needed hospital equipment. In 1977, he was invited to serve on the Santa Rosa Memorial Hospital fledgling board of directors.

(This would be a good spot to pause and reflect on the fact that community service has been a Trione family affair. In addition to father Henry's leadership on various hospital boards and select committees, sons Mark and Victor have both served on Memorial's board of directors. Additionally, Mark served a term as board chairman and, with his wife Cathy, was a charter member of the Memorial's Parenting and Childhood Education (PACE) committee.)

Auxiliary leader and Henry's friend, the late Nancy Henshaw, was fond of saying that a good hospital fundraiser should "give, get, or go." Well, Henry is good: he has given generously of his own treasure, he has gotten countless others to give of theirs, and hopefully he's not going anywhere. The hospital has been blessed by his numerous

and continuing charitable gifts, not the least of which is the serenely beautiful hospital chapel, donated in 1983 by the Trione Family in memory of his mother Catherine.

An avid golfer, Henry has been an ardent supporter of the Santa Rosa Memorial Hospital Foundation annual pro-am golf tournament. His “Trione Challenge,” offering cash awards for birdies and eagles, has been a popular mainstay of the event. He has also provided stellar leadership for the establishment of the foundation’s James B. and Billie Keegan Leadership Series. He and Jim and Billie were great friends. He and Jim had fished and hunted and done business together, each promising that the surviving friend would deliver the other’s eulogy. Henry is an effective speaker and his remarks in telling that story at friend Jim’s funeral were both poignant and moving. This writer will not soon forget Henry’s gesture toward Jim’s coffin at the end of the story and his sadly solemn statement, “So, there he is and here I am.”

Over the years, Henry Trione has contributed his energy, enthusiasm and charity to every fund drive the hospital has ever initiated. Today, he (along with Peggy Furth) is honorary co-chair of Santa Rosa Memorial Hospital’s current capital campaign. His son Victor has said that his father has always viewed Memorial Hospital “as a focal point for providing crucial services and good will throughout the area.”⁷ Recalling that the mission of the Sisters of St. Joseph of Orange unfolds through the assistance of “people of influence,” we can take comfort that our organization is better because of the friendship and support of Henry Trione.

NOTES TO APPENDIX A

¹ Interview with Sister Martha Ann Fitzpatrick, April 16, 2008

² Brad Greagley, *A Compassionate Presence: The Story of the Sisters of St. Joseph of Orange*, Sisters of St. Joseph of Orange, Orange, California, 1987.

³ Interview with Wendy Peterson, R.N., March 31, 2008.

⁴ Interview with Lynne Head, March 19, 2008.

⁵ Interview with Kathy Ficco, R.N., March 5, 2008. Kathy's strengths were revealed through the Gallup Organization's "Strengths Finder," a tool used by all managers and many employees of the St. Joseph Health System – Sonoma County to identify their key strengths among Gallup's universe of 35 workplace strengths. The Gallup philosophy, in a nutshell, is to enhance one's strengths (vs. filling in "weaknesses"), and to work collaboratively with others who have differing and complementary strengths.

⁶ Interview with John Reed, M.D., April 2, 2008. While Dr. Reed was the first trained cardiologist in town, there had been internists in Santa Rosa who had a strong interest in cardiac care, including Dr. Norman Panting and Dr. Harry Grubschmidt who, with Phyllis Bogart, R.N., had helped to create the first coronary care unit in Sonoma County at Santa Rosa Memorial Hospital in 1967.

⁷ *Appreciation*, "\$2 Million Matching Gifts Boost Hospital Fundraising," St. Joseph Health System: The Stewardship Report, Winter 2007.

⁸ Interview with Fred Groverman, D.V.M., March 18, 2008.

⁹ *Appreciation*, "The Devotion of Henry Trione," St. Joseph Health System – Sonoma County: The Stewardship Report, Summer 2007.

APPENDIX B
STRATEGIC MOMENTS

ORGANIZATIONAL MILESTONES

St. Joseph Health System – Sonoma County

- 1944: Santa Rosa Chamber of Commerce Hospital Planning Committee formed.
- 1945: The 8.3 acre Warren Egbert Tract acquired and donated by Fred Rosenberg as the site for a new community hospital; Montgomery Drive right-of-way approved by the city.
- 1946: City officials cite a modern hospital as the city's #1 priority.
- 1946: Petaluma Hospital District formed.
- 1947: Chamber invites Sisters of St. Joseph of Orange to establish a hospital in Santa Rosa.
- 1948: Groundbreaking for SRMH; community raises \$355,000 in donations.
- 1949: Sr. Mary Alma and Sr. Rita Rudolph (first administrator) arrive to plan hospital.
- 1949: Cornerstone laid; Archbishop John J. Mitty dedicates hospital.
- 1950: SRMH opens on New Year's Day with 90 beds, 12 patients, 10 Sisters, 93 employees, and 70 on the medical staff.
- 1950: First patient is Janet Butz; first baby born is Sally Callori; private room rate is \$15/day.
- 1950: Executive Committee led by Dr. J. Donald Francis organizes a hospital medical staff.
- 1952: Sr. Mary Liguori McNamara appointed as hospital administrator.
- 1953: SRMH receives accreditation by the Joint Commission on Accreditation of Hospitals.
- 1955: SRMH hospital auxiliary established; Mrs. Donald Carrithers is president.
- 1955: Hospital accepted as an extended campus of Santa Rosa Junior College for use in their registered nurse and licensed vocational nursing programs.
- 1957: Campaign headed by Henry Trione begins the fund drive for a new wing to increase capacity to 150 beds.
- 1957: Capital campaign raises \$343,643 toward cost of \$1,136,347.
- 1957: Hillcrest Hospital opens in Petaluma with 50 beds.
- 1958: Sr. John Joseph (Later called Frances Dunn) appointed as administrator.
- 1960: Warrack Hospital opens on Summerfield Road.
- 1961: Paul Kelly Memorial Cardio-pulmonary Institute opens on the SRMH campus.
- 1961: Inhalation therapy department opens.
- 1962: Construction of 60-bed east wing at SRMH with 26 medical, 28 surgical, 6 ICU beds, 10-bed recovery unit, physical therapy, and a 6th operating room.

1964: SRMH assumes administration of the Kelly Institute.

1964: Sr. Alma Bachand appointed as administrator.

1964: Rone Hospital (forerunner of North Coast Health Care Centers) opens.

1965: Expansion of SRMH pediatric unit from 12 to 22 beds.

1965: Sisters of St. Joseph of Orange “Philosophy of Health Services” established.

1966: First pacemaker implanted at SRMH.

1966: X-ray department expansion begins.

1967: Three-year training program for x-ray technicians initiated.

1967: First SRMH advisory board formed: Charles Toohey is president.

1967: SRMH 4-bed coronary care unit opens; first CCU in Sonoma County.

1968: SRMH auxiliary begins the “High Fever Follies,” donates \$15,000 to hospital.

1969: 36-bed third floor edition to SRMH east wing opens bringing capacity to 219 beds, costing \$503,000 for construction and \$140,000 for equipment.

1969: Sr. Mary Esther Lawson appointed as administrator.

1969: Hospital sustains major earthquake damage.

1970: Francis Donohue is hired as assistant administrator and controller.

1970: SRMH intensive care nursery (ICN) opens.

1970: The first annual Employee Service Awards celebration is held at the Los Robles Lodge.

1971: SRMH nuclear medicine department opens.

1971: A “Radiologic Technology School” is established in conjunction with Santa Rosa Junior College.

1971: Memorial Hospital Foundation of Santa Rosa is incorporated to raise funds for SRMH.

1972: SRMH respiratory therapy and emergency medical services added.

1972: Electrocardiography (ultrasound) tests begin in the Kelly Institute.

1972: First total hip surgery performed at SRMH.

1972: Employee newsletter *The Stretcher Express* and *The Lamplighter* community magazine are published.

1972: Gamma camera purchased for the nuclear medicine department.

1973: Education department opens under the direction of Ted Schreck.

1973: New emergency room opens, Rose Ladies donate \$10,000.

1974: First cardiac catheterization laboratory established in the Kelly Institute.

1974: First corneal transplant performed at SRMH.

1974: Tele-Trace (pacemaker testing through telephone lines) installed in Kelly Institute.

1975: First coronary arteriography with right and left heart catheterization performed at SRMH.

1975: SRMH board of trustees expanded to include lay persons.

1975: Arthur V. Crandall appointed as first lay executive vice president and administrator.

1975: SRMH celebrates its 25th anniversary.

1975: SRMH initiates capital campaign for equipment modernization; goal is \$1.3 million.

1976: Development department established to direct fund raising efforts.

1976: Expansion and renovations occur in x-ray, nuclear medicine, progressive care unit, ICU, maternity and nursery.

1976: First community health fair is held.

1977: State Department of Health approves hospital replacement project on same site, architects Stone, Marraccini and Patterson selected.

1977: Sonoma County's first paramedic base station established at SRMH.

1977: Continuing medical education program receives accreditation from the California Medical Association as a "CME Provider."

1977: Coronary care unit celebrates 10th anniversary after caring for nearly 5,000 heart patients.

1977: Medical library opens in hospital.

1978: Parenting & Childhood Education (PACE) Committee formed with Clem Carinalli, C.P.A. as chair.

1978: Employee health department opens.

1979: Redwood Empire Cardiac Exercise Program (RECEP) starts at SRMH.

1979: Groundbreaking for three-phase \$27.5 million major replacement and renovation. Exchange Bank, honoring former mayor Obert Pedersen on his 90th birthday, pledges \$100,000 to the building fund. E.D. "Gus" Bonta selected to head building fund drive. Betty Foster heads employee committee to raise \$175,000 for new cafeteria.

1979: SRMH donkey basketball game between nurses and doctors is aired on nationwide TV "Real People" program.

1980: Petaluma Valley Hospital opens, replacing Hillcrest Hospital.

1980: SRMH purchases 60-bed Santa Rosa General Hospital after a prior year of management.

1980: City of Santa Rosa issues \$29,680,000 in tax-exempt revenue bonds for phase I building.

1980: SRMH sustains 12-day work stoppage.

1980: The first annual Young at Heart Run is sponsored by RECEP as a fundraiser.

1981: Open heart surgery program opens.

1981: The Young at Heart Club is formed as a support group of Memorial's total heart program.

1981: First hospital long-range plan adopted; priority is to expand capacity to meet demand.

1982: St. Joseph Health System formed to guide Sisters' health care ministry.

1982: CT head and body scanning introduced at SRMH.

1982: Sisters of St. Joseph of Orange establish "Criteria for Sponsorship."

1982: First coronary angioplasty performed at SRMH.

1983: Phase II of building program (121 beds plus ancillary and support services) completed.

1983: Rohnert Park Immediate Care Center opens (the name was changed in 1985 to the Rohnert Park Healthcare Center).

1984: George L. Heidkamp appointed as SRMH president.

1984: Digital subtraction angiography introduced at SRMH.

1984: Outpatient pavilion opens at SRMH.

1984: General Hospital closes July 31; 60 beds added to Memorial's license; General reopens in August as the 15-bed St. Rose Center for chemical dependency.

1985: Phase III (E.D.), the final phase of the building program, is completed.

1985: Memorial's helipad becomes operational, allowing helicopters to transport critical patients directly.

1985: NCHCC opens the Montgomery Center for outpatient services.

1985: Home care services established as a hospital-based program.

1986: SJHS "Vision of Values" establishes broad policies for values integration.

1986: Kidney transplant and organ procurement services added at SRMH.

1986: "Sampling of Sonoma" wine auction established as a hospital fundraiser.

1986: SRMH leases General Hospital to Catholic Charities for use as a homeless center.

1986: SRMH sustains a 52-day work stoppage.

1987: Dedicated cardiac catheterization laboratory added at SRMH.

1987: Redwood Empire Air Care Helicopter (REACH) program begins at SRMH.

1987: Sisters of St. Joseph of Orange celebrate their 75th Jubilee.

1987: SRMH begins relationship as a work site for developmentally disabled children.

1988: Annual “Values in Action” nominations and awards process established at SRMH.

1988: Mammography and extracorporeal shock wave lithotripsy (ESWL) begin at SRMH.

1988: Jake Henry Jr. appointed as hospital president and CEO.

1989: SJHS develops guidelines for joint ventures.

1989: First laser angioplasty performed at SRMH.

1989: SRMH cancer program approved by American College of Surgeons.

1990: Neurosurgical stereotactic biopsy initiated at SRMH.

1990: Mobile health clinic and dental clinic begin services.

1990: SRMH makes General Hospital available to Catholic Charities for Family Support Center.

1990: James P. Houser appointed as president and CEO.

1990: “Senior Class” program begins at SRMH.

1991: Electrophysiology lab established at SRMH.

1991: The SRMH Foundation is established and initiates its pro-am golf tournament.

1993: SJHS “Values Standards and Key Indicators” finalized.

1993: “Home Care Partners” formed as a joint venture with Warrack Hospital.

1994: SRMH designated as one of 50 U.S. “Community Clinical Oncology Programs” (CCOP).

1994: Construction of employee parking garage completed.

1994: Construction of 50,000 square foot Medical Center Plaza completed.

1994: Community benefit program established.

1994: NCHCC opens Fulton Road center for rehab, psych, and occupational health services.

1994: “Growing Together” pre-natal education program begins at SRMH.

1995: SJHS develops process for evaluating new relationships (“Manage Growth”).

1995: Warrack Hospital sold to Health Plan of the Redwoods

1995: Elsie Allen high school-based clinic opens.

1995: Radiation therapy pavilion and cancer library open at the Cancer Center w/ gifts of \$1 mil.

1995: SRMH emergency department becomes the “Heart Alert Center” of the Redwood Empire.

1995: SRMH submits proposals to manage Community and Warrack hospitals; later withdrawn.

1996: Robert H. Fish appointed as president and CEO.

1996: Southwest Community Health Center opens; later is gifted to the community.

1996: “House Calls” program established.

1996: SRMH sub-acute unit opens.

1996: Petaluma Hospital District celebrates 50 years of service.

1996: SRMH foundation's "James B. Keegan Speakers Series" starts with speaker Art Buchwald.

1996: The Sonoma County Board of Supervisors leases Community Hospital to Sutter Health.

1997: SRMH enters into agreement with Petaluma Health Care District to manage PVH.

1997: Affiliations developed with Primary Care Associates and Hillcrest Medical Group.

1997: Memorial Hospice begins.

1997: St. Joseph Home Infusion begins.

1997: Oakmont Medical Suites opens with SRMH radiology and other community health services.

1997: The St. Joseph Health Foundation (SJHF) established.

1998: SJHS Mission & Mentoring program begins

1998: SRMH acquires North Coast Health Care Centers.

1998: Columbia/HCA sells Healdsburg General Hospital to local Nuestro Hospital, Inc.

1999: David J. Ameen appointed as president and CEO.

1999: St. Joseph Home Care Network established to serve an SJHS three-county region.

1999: Columbia/HCA sells Palm Drive Hospital to local West County Health Care Fdn.

1999: Northern California Telemedicine Network formed.

2000: Celebration of 50 years of Sisters in Sonoma County and SRMH 50th anniversary.

2000: SRMH designated as Level II Trauma Center

2000: Palliative care unit opened at Sotoyome campus.

2000: PVH remodeling begins.

2000: SRMH receives DHHS grant for telemedicine.

2000: SRMH assesses and finds it not feasible to affiliate with Healdsburg General Hospital.

2001: Outpatient clinical laboratory services begin at SRMH.

2001: Human resource services combined for all SJHS-SC entities.

2001: SJHS-SC receives Criminal Justice Prevention grant for "Circle of Sisters."

2001: HPR sells Warrack Hospital to Sutter Health.

2001: Jo Sandersfeld is appointed as the first SJHS-SC lay vice president of sponsorship (later called mission integration).

2002: SRMH, SJHF and Primary Care Associates (PCA) realign relationships; SJHF is dissolved.

2002: The SJHS-SC medical access program receives grant for additional mobile clinic.

2002: SRMH contracts with Horizon Mental Health Management to manage psychiatric services.

2003: The SRMH Ambulatory Surgery Center opens.

2003: SJHS contracts with Cardinal Health to manage the St. Joseph Home Care Network.

2003: Integration of the former North Coast Fulton and Sotoyome campuses with SRMH/Montgomery.

2004: Construction completed on expanded facilities for CT scanning, EP lab, and digital radiology.

2004: First 16-slice CT scanner installed at SRMH.

2004: St. Joseph Urgent Care Center opens at the Fulton campus.

2004: Congregation proposes Public Juridic Person model of sponsorship.

2005: George Pérez appointed president and CEO.

2005: SRMH emergency department expansion completed.

2005: SRMH and PVH receive Avatar International's "Five-Star Service Award" for exceeding patient expectations.

2005: SRMH receives a Medal of Honor from the U.S. Department of Health and Human Services for leadership in organ transplants.

2005: PVH is first California hospital north of Marin County to perform artificial disc replacement, an advanced spinal surgery.

2006: SRMH and PVH receive Avatar's 5-star rating for the second year.

2006: PacifiCare ranks PVH in top 10% of Northern California Hospitals for best practices.

2006: SRMH receives "Consumer Choice Award" from Sonoma County residents for 10th consecutive year.

2006: Holy See approves formation of the St. Joseph Health Ministry as a Public Juridic Person (PJP) and sponsor of the St. Joseph Health System.

2007: Groundbreaking for the Norma and Evert Person Heart Institute, including cardiac catheterization labs, two OR's, 10-bed observation unit, electrophysiology lab and 9-bed post anesthesia care unit.

2007: Sutter Medical Center of Santa Rosa announces plans to close and transfer patient care to SJHS-SC.

2007: Construction begins on two-story E.D. addition to house 38 E.D. bays and 12 ICU beds.

2007: SRMH and PVH are the first SJHS hospitals to adopt remote ICU monitoring ("Care Watch").

2007: The SRMH opens the "Healing Garden," a project of the 2003 Mission & Mentoring class.

2007: St. Joseph Health System receives "Great Workplace Award" from the Gallup Organization.

2007: SJHS – Sonoma County receives “Best Place to Work” award from *North Bay Business Journal*.

2008: Construction completed on a \$33 million, 80-bed, 23,600-square-foot remodeling of the center east wing in anticipation of the announced closure of Sutter Hospital.

2008: The 38-bed inpatient acute psychiatric unit at the Fulton campus and the 31-bed skilled nursing unit at the Sotoyome campus are closed. The 15-bed rehabilitation unit at the Fulton campus is moved to the Montgomery campus.

2008: St. Joseph Health System receives “Great Workplace Award” from the Gallup Organization for the second consecutive year.

APPENDIX C

REMEMBERING THOSE WHO HAVE SERVED

Sisters of St. Joseph of Orange General Superiors

Sisters of St. Joseph of Orange Missioned at SRMH

Santa Rosa Memorial Hospital Chief Executive Officers

St. Joseph Health System Chief Executives

Vice Presidents of Mission Integration

Santa Rosa Chamber of Commerce Hospital Committees

Former Santa Rosa Memorial Hospital Lay Advisory Board Members

Santa Rosa Memorial Hospital Boards of Trustees

SRM Alliance Hospital Services Boards of Trustees

Santa Rosa Memorial Hospital Foundation Boards of Directors

Santa Rosa Memorial Hospital Chiefs of the Medical Staff

Petaluma Valley Hospital Medical Staff Presidents

Presidents of the Santa Rosa Memorial Hospital Auxiliary

Presidents of the Hillcrest - Petaluma Valley Hospital Auxiliaries

GENERAL SUPERIORS
Sisters of St. Joseph of Orange

Mother M. Bernard Gosselin
Superior General
1921 to 1927

Mother M. Francis Lirette
Superior General
1927 to 1939

Mother M. Louis Bachand
Superior General
1939 to 1951

Mother Felix Montgomery
Superior General
1951 to 1963

Mother M. Liguori McNamara
Superior General
1963 to 1969

Sr. Francis Dunn
President
1969 to 1973

Sr. Maura Judge
President
1973 to 1981

Sister Jeanne Bird
General Superior
1981 to 1986

Sr. Joleen Todd
General Superior
1986 to 1991

Sr. Nancy O'Connor
General Superior
1991 to 2001

Sr. Katherine ("Kit") Gray
General Superior
2001

SISTERS OF ST. JOSEPH OF ORANGE
Missioned in Health Care in Sonoma County

1949-1950

Sr. Alma Bachand
Sr. Augustine Balthazor
Sr. Philomene Beaudet
Sr. Laura Marie Deschenes
Sr. Mary Ellen Fratessa
Sr. Frances Ann Halman
Sr. Betty Irwin
Sr. Mary Esther Lawson
Sr. Martina Leveille
Sr. Rita Rudolph, Administrator

Sr. Blanche Druoin
Sr. Mary Ellen Fratessa
Sr. Frances Ann Halman
Sr. Mary Hannon
Sr. Julian Keller
Sr. Mary Esther Lawson
Sr. Pauline Lentsch
Sr. Martina Leveille
Sr. Thomas McLaughlin
Sr. Liguori McNamara, Admin.
Sr. Teresa McNamara

1950-1951

Sr. Alma Bachand
Sr. Augustine Balthazor
Sr. Philomene Beaudet
Sr. Mary Ellen Fratessa
Sr. Frances Ann Halman
Sr. Michele Rene Landry
Sr. Mary Esther Lawson
Sr. Martina Leveille
Sr. Claire Marie Michaud
Sr. C. Borromeo Moisan
Sr. Rita Rudolph, Administrator

1953-1954

Sr. Philomene Beaudet
Sr. Mary Ellen Fratessa
Sr. Frances Ann Halman
Sr. Mary Esther Lawson
Sr. Pauline Lentsch
Sr. Liguori McNamara, Admin.
Sr. Teresa McNamara
Sr. Catherine Meaney
Sr. Catherine O'Neill

1951-1952

Sr. Gretchen Alfring
Sr. Philomene Beaudet
Sr. Mary Ellen Fratessa
Sr. Frances Ann Halman
Sr. Mary Esther Lawson
Sr. Pauline Lentsch
Sr. Martina Leveille
Sr. Thomas McLaughlin
Sr. Claire Marie Michaud
Sr. Rita Rudolph, Administrator

1954-1955

Sr. Vincent Bouchard
Sr. Julia Diederich
Sr. Mary Ellen Fratessa
Sr. Frances Ann Halman
Sr. Pauline Lentsch
Sr. Marietta Marcucci
Sr. Liguori McNamara, Admin.
Sr. Catherine Meaney
Sr. Claire Marie Michaud
Sr. Juliana Murphy
Sr. Colette O'Clair
Sr. Maureen VanderZee

1952-1953

Sr. Augustine Balthazor
Sr. Philomene Beaudet

Infirmery

Sr. Cecilia Fitzgerald
Sr. M. Pierre LeClair
Sr. M. Michael McCully
Sr. M. Matilda Mamer
Sr. Eugene Sigrist

1955-1956

Sr. Germaine Bedard
Sr. Vincent Bourchard
Sr. Rose de Lima Brousseau
Sr. Julia Diederich
Sr. Carol Marie Kelber
Sr. Marietta Marcucci
Sr. Liguori McNamara, Admin.
Sr. Claire Marie Michaud
Sr. Juliana Murphy
Sr. Eileen O'Hanlon
Sr. Maureen VanderZee

1956-1957

Sr. Rose de Lima Brousseau
Sr. Julia Diederich
Sr. Carol Marie Kelber
Sr. Marietta Marcucci
Sr. Liguori McNamara, Administrator
Sr. Claire Marie Michaud
Sr. Juliana Murphy
Sr. Eileen O'Hanlon
Sr. Maureen VanderZee

1957-1958

Sr. Vincent Bouchard
Sr. Rose de Lima Brousseau
Sr. Julia Diederich
Sr. Antonine Flammang
Sr. Maris Stella Halverson
Sr. Carol Marie Kelber
Sr. Liguori McNamara, Administrator
Sr. Claire Marie Michaud
Sr. Eileen O'Hanlon
Sr. Maureen VanderZee

1958-1959

Sr. Vincent Bouchard
Sr. Rose de Lima Brousseau
Sr. Julia Diederich
Sr. Frances Dunn, Administrator
Sr. Antonine Flammang
Sr. Carol Marie Kelber
Sr. Claire Marie Michaud
Sr. Eileen O'Hanlon
Sr. Maureen VanderZee

1959-1960

Sr. Vincent Bouchard
Sr. Julia Diederich
Sr. Frances Dunn, Administrator
Sr. Eleanor Druoin
Sr. Antonine Flammang
Sr. Carol Marie Kelber
Sr. Katherine Meaney
Sr. Claire Marie Michaud
Sr. Maureen VanderZee

1960-1961

Sr. Vincent Bouchard
Sr. Julia Diederich
Sr. Frances Dunn, Administrator
Sr. Eleanor Druoin
Sr. Mary Ellen Fratessa
Sr. Celine Fredette
Sr. Rita Fredette
Sr. Katherine Meaney
Sr. Sheila McCarthy
Sr. Inez Valdez

1961-1962

Sr. Vincent Bouchard
Sr. Frances Dunn, Administrator
Sr. Barbara Flood
Sr. Laura Frappier
Sr. Mary Ellen Fratessa
Sr. Carol Marie Kelber
Sr. Patrice Joynt
Sr. Angelina Lirette
Sr. Katherine Meaney
Sr. Sheila McCarthy
Sr. Inez Valdez

1962-1963

Sr. Vincent Bouchard
Sr. Frances Dunn, Administrator
Sr. Laura Frappier
Sr. Mary Ellen Fratessa
Sr. Patrice Joynt
Sr. Angelina Lirette
Sr. Katherine Meaney
Sr. Sheila McCarthy
Sr. Mildred Simonizh

Sr. Inez Valdez

1963-1964

Sr. Vincent Bouchard
Sr. Jane Thomas Brown
Sr. Frances Dunn, Administrator
Sr. Laura Frappier
Sr. Margaret Luke Hillmer
Sr. Patrice Joynt
Sr. Maria Francesca Orellano
Sr. Francita Rivera
Sr. Mildred Simonizh
Sr. Marisa Stephenson

1964-1965

Sr. Alma Bachand, Administrator
Sr. Vincent Bouchard
Sr. Laura Frappier
Sr. Margaret Luke Hillmer
Sr. Patrice Joynt
Sr. Joan of Arc Lambert
Sr. Marietta Marcucci
Sr. Frances Marie Richardson
Sr. Marisa Stephenson

1965-1966

Sr. Alma Bachand, Administrator
Sr. Vincent Bouchard
Sr. Julia Diederich
Sr. Blanche Druoin
Sr. Margaret Luke Hillmer
Sr. Patrice Joynt
Sr. Joan of Arc Lambert
Sr. Marietta Marcucci
Sr. Teresa Dolores Montanez
Sr. James Francis Neahr
Sr. Frances Marie Richardson
Sr. Ricardo Rodriquez

1966-1967

Sr. Alma Bachand, Administrator
Sr. Vincent Bouchard
Sr. Jennie May Cannon
Sr. Julia Diederich
Sr. Blanche Druoin
Sr. Mary Ellen Fratessa

Sr. Patrice Joynt
Sr. Joan of Arc Lambert
Sr. Marietta Marcucci
Sr. Naomi McGuinness
Sr. Frances Marie Richardson
Sr. Marie Eric Rose

1967-1968

Sr. Alma Bachand, Administrator
Sr. Vincent Bouchard
Sr. Jennie May Cannon
Sr. Julia Diederich
Sr. Mary Ellen Fratessa
Sr. Patrice Joynt
Sr. Joan of Arc Lambert
Sr. Marietta Marcucci
Sr. Mary Virginia Reasbeck
Sr. Frances Marie Richardson
Sr. Marisa Stephenson

1968-1969

Sr. Alma Bachand, Administrator
Sr. Vincent Bouchard
Sr. Jennie May Cannon
Sr. Julia Diederich
Sr. Mary Ellen Fratessa
Sr. Catherine Grundman
Sr. Patrice Joynt
Sr. Joan of Arc Lambert
Sr. Marietta Marcucci
Sr. Thomas McLaughlin
Sr. Frances Marie Richardson

1969-1970

Sr. Vincent Bouchard
Sr. Jennie May Cannon
Sr. Julia Diederich
Sr. Laura Frappier
Sr. Mary Ellen Fratessa
Sr. Patrice Joynt
Sr. Joan of Arc Lambert
Sr. Mary Esther Lawson, Administrator
Sr. Angela Lemay
Sr. Marietta Marcucci
Sr. Thomas McLaughlin
Sr. Frances Marie Richardson

Sr. Patricia Walsh
Sr. Justine Withey (in res.)

1970-1971 (9)

Sr. Jennie May Cannon
Sr. Julia Diederich
Sr. Mary Ellen Fratessa
Sr. Patrice Joynt
Sr. Joan of Arc Lambert
Sr. Mary Esther Lawson, Administrator
Sr. Thomas McLaughlin
Sr. Marisa Stephenson
Sr. Anna Van Strien

1971-1972

Sr. Jennie May Cannon
Sr. Julia Diederich
Sr. Mary Ellen Fratessa
Sr. Mary Victor Fox
Sr. Mary Esther Lawson, Administrator
Sr. Martina Leveille
Sr. Thomas McLaughlin

1972-1973

Sr. Jennie May Cannon
Sr. Julia Diederich
Sr. Mary Ellen Fratessa
Sr. Therese Fortier
Sr. Mary Victor Fox
Sr. Joan of Arc Lambert (in res.)
Sr. Mary Esther Lawson, Administrator
Sr. Martina Leveille
Sr. Thomas McLaughlin

1973-1974

Sr. Jennie May Cannon
Sr. Julia Diederich
Sr. Miriam Eckery
Sr. Mary Ellen Fratessa
Sr. Therese Fortier
Sr. Joan of Arc Lambert (in res.)
Sr. Mary Esther Lawson, Administrator
Sr. Martina Leveille
Sr. Thomas McLaughlin

1974-1975

Sr. Jennie May Cannon
Sr. Therese Fortier
Sr. Mary Esther Lawson, Administrator
Sr. Martina Leveille
Sr. Thomas McLaughlin
Sr. Julie Seiler

1975-1976

Sr. Therese Fortier
Sr. Betty Foubert
Sr. Mary Esther Lawson, Administrator
Sr. Martina Leveille
Sr. Maureen Mahoney
Sr. Thomas McLaughlin
Sr. Thomasina Ross

1976-1977

Sr. Therese Fortier
Sr. Betty Foubert
Sr. Rosemary Green
Sr. Barbara Jean Lee
Sr. Martina Leveille
Sr. Thomas McLaughlin
Sr. Thomasina Ross
Sr. Rosejean Sweeney
Sr. Lucienne Tardiff

1977-1978

Sr. Betty Foubert
Sr. Rosemary Green
Sr. Mary Ellen Fratessa
Sr. Barbara Jean Lee
Sr. Martina Leveille
Sr. Thomas McLaughlin
Sr. Thomasina Ross
Sr. Rosejean Sweeney
Sr. Lucienne Tardiff

1978-1979

Sr. Betty Foubert
Sr. Rosemary Green
Sr. Mary Ellen Fratessa
Sr. Therese Fortier
Sr. Barbara Jean Lee
Sr. Thomas McLaughlin

Sr. Rosejean Sweeney
Sr. Lucienne Tardiff

1979-1980

Sr. Mary Ellen Fratessa
Sr. Therese Fortier
Sr. Barbara Jean Lee
Sr. Thomas McLaughlin
Sr. Marian Schubert
Sr. Rosejean Sweeney
Sr. Lucienne Tardiff
Sr. Kena Warrick

1980-1981

Sr. Joan Cunningham (St. Eugene's)
Sr. Marian Durand
Sr. Mary Ellen Fratessa
Sr. Barbara Jean Lee
Sr. Rosejean Sweeney (St. Eugene's)
Sr. Lucienne Tardiff
Sr. Kena Warrick (St. Eugene's)

1981-1982

Sr. Joan Cunningham
Sr. Marian Durand
Sr. Mary Ellen Fratessa
Sr. Diane Hejna
Sr. Barbara Jean Lee
Sr. Lucienne Tardiff

1982-1983

Sr. Sharon Becker
Sr. Marian Durand
Sr. Mary Ellen Fratessa
Sr. Diane Hejna
Sr. Barbara Jean Lee
Sr. Lucienne Tardiff

1983-1984

Sr. Sharon Becker
Sr. Marian Durand
Sr. Mary Ellen Fratessa
Sr. Diane Hejna
Sr. Barbara Jean Lee
Sr. Lucienne Tardiff

1984-1985

Sr. Sharon Becker
Sr. Marian Durand
Sr. Mary Ellen Fratessa
Sr. Diane Hejna
Sr. Barbara Jean Lee

1985-1986

Sr. Marian Durand
Sr. Mary Ellen Fratessa
Sr. Diane Hejna
Sr. Barbara Jean Lee

1986-1987

Sr. Hildegard Dittrich
Sr. Marian Durand
Sr. Mary Ellen Fratessa
Sr. Marilyn Guertin
Sr. Diane Hejna
Sr. Barbara Jean Lee

1987-1988

Sr. Mary Ellen Fratessa
Sr. Marilyn Guertin
Sr. Patricia Haley
Sr. Phyllis Tallerico

1988-1989

Sr. Martha Ann Fitzpatrick
Sr. Mary Ellen Fratessa
Sr. Marilyn Guertin
Sr. Patricia Haley
Sr. Barbara Jean Lee
Sr. Mary Louise Lindsay
Sr. Phyllis Tallerico

1989-1990

Sr. Miriam Eckery
Sr. Martha Ann Fitzpatrick
Sr. Marilyn Guertin
Sr. Patricia Haley
Sr. Phyllis Tallerico

1990-1991

Sr. Patricia Brandmeir, SNJM
Sr. Karen Clock

Sr. Miriam Eckery
Sr. Martha Ann Fitzpatrick
Sr. Marilyn Guertin
Sr. Patricia Haley
Sr. Phyllis Tallerico

1991-1992

Erin Brady
Sr. Mariquita Domingo
Sr. Miriam Eckery
Sr. M. Gemma Giusto
Sr. Martha Ann Fitzpatrick
Sr. Patricia Haley
Sr. Marian Schubert
Sr. Phyllis Tallerico

1992-1993

Sr. Maria Goretti DeCoite
Sr. Gemma Giusto
Sr. Martha Ann Fitzpatrick
Sr. Marian Schubert

1993-1994

Sr. Maria Goretti DeCoite
Sr. Gemma Giusto
Sr. Miriam Eckery
Sr. Martha Ann Fitzpatrick
Sr. Martha Marie Linhares
Sr. Marian Schubert
Sr. Phyllis Tallerico

1994-1995

Sr. Maria Goretti DeCoite
Sr. Gemma Giusto
Sr. Miriam Eckery
Sr. Martha Marie Linhares
Sr. Ann Patricia O'Connor (C.)
Sr. Michaela Rock
Sr. Marian Schubert
Sr. Phyllis Tallerico

1995-1996

Sr. Maria Goretti DeCoite
Sr. Gemma Giusto
Sr. Martha Marie Linhares
Sr. Ann Patricia O'Connor (C.)

Sr. Michaela Rock
Sr. Phyllis Tallerico

1996-1997

Sr. Maria Goretti DeCoite
Sr. Gemma Giusto
Sr. Martha Marie Linhares
Sr. Michaela Rock
Sr. Phyllis Tallerico
Sr. Joleen Todd
Sr. Dorothy Ann Yee

1997-1998

Sr. Maria Goretti DeCoite
Sr. Gemma Giusto
Sr. Martha Marie Linhares
Sr. Michaela Rock
Sr. Phyllis Tallerico
Sr. Joleen Todd
Sr. Dorothy Ann Yee

1998-1999

Sr. Maria Goretti DeCoite
Sr. Gemma Giusto
Sr. Michaela Rock
Sr. Phyllis Tallerico
Sr. Joleen Todd
Sr. Dorothy Ann Yee

1999-2000

Sr. Maria Goretti DeCoite
Sr. Martha Marie Linhares
Sr. Michaela Rock
Sr. Phyllis Tallerico
Sr. Joleen Todd
Sr. Dorothy Ann Yee

2000-2001

Sr. Maria Goretti DeCoite
Sr. Phyllis Tallerico
Sr. Joleen Todd
Sr. Dorothy Ann Yee

2001-2002

Sr. Maria Goretti DeCoite
Sr. Phyllis Tallerico

Sr. Joleen Todd

2002-2003

Sr. Joleen Todd (Web Design)

2003-2004

Sr. Maria Goretti DeCoite

Sr. Joleen Todd

2004-2005

Sr. Maria Goretti DeCoite

Sr. Joleen Todd

2005-2006

Sr. Maria Goretti DeCoite

Sr. Joleen Todd

2006-2007

Sr. Maria Goretti DeCoite

2007-2008

Sr. Maria Goretti DeCoite (to June)

Sr. Noreen Duffy (from November)

CHIEF EXECUTIVE OFFICERS
St. Joseph Health System – Sonoma County

Sr. Rita Rudolph, Administrator	1949 to 1952
Sr. Ligouri McNamara, Administrator	1952 to 1958
Sr. John Joseph (Frances Dunn), Administrator	1958 to 1964
Sr. Alma Bachand, Administrator	1964 to 1969
Sr. Mary Esther Lawson, Administrator	1969 to 1974
Arthur V. Crandall, Executive Vice President and Administrator	1975 to 1984
George L. Heidkamp, President and CEO	1984 to 1988
Jake Henry Jr., FACHE, President and CEO	1988 to 1990
James P. Houser, President and CEO	1990 to 1996
Robert H. Fish, President and CEO	1996 to 1999
David J. Ameen, President and CEO	1999 to 2005
George E. Pérez, President and CEO	2005

CHIEF EXECUTIVES
St. Joseph Health System

Sister Jane Frances Power

Robert O'Leary

David Reed

Richard Statuto

Deborah Proctor

VICE PRESIDENTS OF MISSION INTEGRATION
St. Joseph Health System – Sonoma County

Sister Martha Ann Fitzpatrick, C.S.J.
Director of Philosophy Implementation /
Vice President of Sponsorship
1988 to 1994

Sister Phyllis Tallerico, C.S.J.
Vice President of Sponsorship
1995 to 1996

Sister Joleen Todd, C.S.J.
Vice President of Sponsorship
1996 to 2001

Jo Sandersfeld
Vice President of Sponsorship /
Vice President of Mission Integration
2001

CHAMBER OF COMMERCE HOSPITAL COMMITTEES
1944 to 1950

1944 Chamber of Commerce Hospital Planning Committee

Herschel Niles, Chair	Maurice Nelligan
W. Finlaw Geary	George A. Proctor
Thomas J. Grace	Fred Rosenberg
Carl Lehman	J. Henry Williams

1945 Joint Action of the Chamber and City Government

Thomas J. Grace, Chair	Frank Luttrell
Robert Bishop	Maurice F. Nelligan
Kenneth Brown	Herschel Niles
J. Mervin Daw	Obert Pedersen (Mayor)
Jess Gantt	George A. Proctor
F. Finlaw Geary	Fred Rosenberg
Theron (Roy) Hedgpeth	J. Henry Williams
Carl Lehman	Steve Yaeger
Al Lewis	

1950 Active Chamber of Commerce and Involved Community Leaders

Frank Barrett	Frank Luttrell
Robert Bishop	Maurice F. Nelligan
Kenneth Brown	Herschel Niles
Judge Hilliard Comstock	Obert Pedersen
Charles Cook	George A. Proctor
J. Mervin Daw	Fred Rosenberg
Lewis DeCastle	Max Rosenber
W. Finlaw Geary	Senator Herbert Slater
Thomas J. Grace	McBride Smith
Theron Hedgpeth	Austin Sullivan
Carl Lehman	Leonard Talbot
Al Lewis	Steve Yaeger

FORMER SANTA ROSA MEMORIAL HOSPITAL
ADVISORY BOARD MEMBERS
(Served Prior to the Establishment of the Board of Trustees in 1975)

R. Winfield Achor
Wayne Ancell
Thomas J. Arata
Joseph Bessone
Robert L. Bishop
Dan Bowerman
Haskell Boyett
Lucius Button, M.D.
Dr. Robert W. Churchill
Myron B. Close, M.D.
Richard H. Cote, M.D.
Norman C. DeLaittre
Elie L. Destruel
Cono DiPietro
J. Clarence Felciano
Edward E. Foster
A.E. Galli
Jess Gantt
Vernon G. Garrett
Mrs. Edward L. Henshaw

Cedric C. Johnson, M.D.
James B. Keegan, Sr.
John A. Klein
Joseph A. Lombardi
Judge F. Leslie Manker
Elmo E. Martini
John E. McDonald
Frank W. McLaurin
William E. McNeany
Thomas Plant
Rev. Paul C. Potter
Joseph A. Schaefer, M.D.
Andrew Shepard
William Slemp
Dr. Mitchell Soso
Ralph Stone
Clayton Taylor, M.D.
Edward J. Thronson
Charles P. Toohey
Henry F. Trione
Thomas Welch

BOARDS OF TRUSTEES Santa Rosa Memorial Hospital

1975

R. Winfield Achor, Chair
William McNeany, Vice Chair
Sr. Mary Ellen Fratessa, C.S.J.,
Secretary
Edward Foster, Treasurer
Rev. Gerard Fahey
Sr. Mary Esther Lawson, C.S.J.
Sr. Ann McGuinn, CSJ
Sr. Jane Frances Power, C.S.J.

1976

R. Winfield Achor, Chair
William McNeany, Vice Chair
Nancy Henshaw, Secretary
Edward Foster, Treasurer
Carl Anderson, M.D.
Milton Antipa, M.D.
Rev. Gerard Fahey
Sr. Mary Ellen Fratessa, C.S.J.
Sr. Mary Esther Lawson, C.S.J.
Sr. Ann McGuinn, C.S.J.
Sr. Jane Frances Power, C.S.J.

1977

Carl Anderson, M.D.
Sr. Peggy Detert, C.S.J.
Rev. Gerard Fahey
Edward Foster
Nancy Henshaw
Robert Kerr
Sr. Mary Esther Lawson, C.S.J.
Albert Maggini
Sr. Ann McGuinn, C.S.J.
William McNeany
Rudolph Oppenheimer, M.D.
Edward Pisenti
Sr. Jane Frances Power, C.S.J.
Henry Trione
Donald Wolf

1978

Albert Maggini, Chair

Donald Wolf, Vice Chair
Nancy Henshaw, Secretary
Edward Pisenti, Treasurer
Carl Anderson, M.D.
James Bauer, M.D.
Arhur Crandall
Sr. Peggy Detert, C.S.J.
Rev. Gerard Fahey
Edward Foster
Robert Kerr
Sr. Ann McGuinn, C.S.J.
William McNeany
Sr. Jane Frances Power, C.S.J.
Harry Richardson, M.D.
Sr. Suzanne Sassus, C.S.J.

1979

Albert Maggini, Chair
Donald Wolf, Vice Chair
Nancy Henshaw, Secretary
Edward Pisenti, Treasurer
Carl Anderson, M.D.
James Bauer, M.D.
Gene Benedetti
E.D. Bonta
Arthur Crandall
Sr. Peggy Detert, C.S.J.
Rev. Msgr. Gerard Fahey
Edward Foster
Robert Kerr
Sr. Ann McGuinn, C.S.J.
William McNeany
Mrs. Patricia Pedersen
Sr. Jane Frances Power, C.S.J.
Harry Richardson, M.D.
Sr. Suzanne Sassus, C.S.J.

1980

Edward Pisenti, Chair
Gene Benedetti, Vice Chair
Patricia Pedersen, Secretary
E.D. Bonta, Treasurer

Carl Anderson, M.D.
Arthur Crandall
Sr. Peggy Detert, C.S.J.
Rev. Msgr. Gerard Fahey
Sr. Judith Fergus, C.S.J.
Edward Foster
Nancy Henshaw
Robert Kerr
Albert Maggini
Sr. Ann McGuinn, C.S.J.
William McNeany
Kenneth Meshes, M.D.
Sydney Miller, M.D.
Sr. Nancy O'Connor, C.S.J.
Sr. Jane Frances Power, C.S.J.
Donald Wolf

1981

Edward Pisenti, Chair
Gene Benedetti, Vice Chair
Patricia Pedersen, Secretary
E.D. Bonta, Treasurer
Carl Anderson, M.D.
Arthur Crandall
Sr. Peggy Detert, C.S.J.
Rev. Msgr. Gerard Fahey
Sr. Judith Fergus, C.S.J.
Edward Foster
Nancy Henshaw
Robert Kerr
Albert Maggini
Sr. Ann McGuinn, C.S.J.
William McNeany
Kenneth Meshes, M.D.
Sydney Miller, M.D.
Sr. Nancy O'Connor
Sr. Jane Frances Power, C.S.J.
Donald Wolf

1982

Gene Benedetti, Chair
Donald E. Wolf, Vice Chair
Patricia Pedersen, Secretary
E.D. Bonta, Treasurer
G. H. Ayers
Haskell Boyett

Arthur Crandall
Sr. Judith Fergus, C.S.J.
Sr. Martha Ann Fitzpatrick, C.S.J.
Edward Foster
James Keegan, Jr.
Robert Kerr
Sr. Ann McGuinn, C.S.J.
William McNeany
Sydney Miller, M.D.
Sr. Jane Frances Power, C.S.J.
Sr. Michaela Rock, C.S.J.
Eugene Traverso
Mark Trione
Donald Van Giesen, M.D.

1983

Gene Benedetti, Chair
Donald Wolf, Vice Chair
Mrs. Patricia Pedersen, Secretary
E.D. Bonta, Treasurer
Nicholas Anton, M.D.
G. H. Ayers
Haskell Boyett
Arthur Crandall
Sr. Judith Fergus, C.S.J.
Sr. Martha Ann Fitzpatrick, C.S.J.
Edward Foster
James Keegan, Jr.
Robert Kerr
Sr. Ann McGuinn, C.S.J.
William McNeany
Robert O'Leary
Sr. Michaela Rock, C.S.J.
Eugene Traverso
Mark Trione
Donald Van Giesen, M.D.

1984

Gene Benedetti, Chair
G. H. Ayers, Vice Chair
Patricia Pedersen, Secretary
E.D. Bonta, Treasurer
Nicholas Anton, M.D.
Sr. Corinne Bayley, C.S.J.
Haskell Boyett
Arthur Crandall

Sr. Peggy Detert, C.S.J.
Sr. Judith Fergus, C.S.J.
Sr. Martha Ann Fitzpatrick, C.S.J.
Sr. Katherine Gray, C.S.J.
James Keegan, Jr.
Thomas Kenney
Robert Kerr
Albert Maggini
Ronald Nelson
Robert O'Leary
Edward Piseni
Harry Richardson, M.D.
Sr. Michaela Rock, C.S.J.
Robert Thompson, M.D.
Eugene Traverso
Mark Trione
Donald Van Giesen, M.D.
Donald Wolf

1985

Albert Maggini, Chair
Eugene Traverso, Vice Chair
Nicholas Anton, M.D.
G.H. Ayers
Sr. Corinne Bayley, C.S.J.
E.D. Bonta
Haskell Boyett
Sr. Peggy Detert, C.S.J.
Sr. Judith Fergus, C.S.J.
Sr. Martha Ann Fitzpatrick, C.S.J.
George Heidkamp
James Keegan, Jr.
Thomas Kenney
Ronald Nelson
Robert O'Leary
Edward Piseni
Harry Richardson, M.D.
Sr. Michaela Rock, C.S.J.
Robert Thompson, M.D.
Mark Trione
Donald Van Giesen, M.D.
Donald Wolf

1986

Albert Maggini, Chair
Eugene Traverso, Vice Chair

Nicholas Anton, M.D.
Sr. Corinne Bayley, C.S.J.
E.D. Bonta
Haskell Boyett
Alan Chamison
Sr. Peggy Detert, C.S.J.
John Doolittle
Sr. Judith Fergus, C.S.J.
Sr. Martha Ann Fitzpatrick, C.S.J.
Sr. Marie Jeanne Gaillac, C.S.J.
George Heidkamp
James Keegan, Jr.
Thomas Kenney
Gaye LeBaron
Ronald Nelson
Robert O'Leary
Mrs. Patricia Pedersen
Edward Piseni
Harry Richardson, M.D.
Sr. Michaela Rock, C.S.J.
Robert Thompson, M.D.
Mark Trione
Ransom Turner, M.D.

1987

Eugene Traverso, Chair
Mark Trione, Vice Chair
Haskell Boyett
Alan Chamison
Roger Delwiche, M.D.
Sr. Peggy Detert, C.S.J.
John Doolittle
Sr. Agnes Terese Duffy, C.S.J.
Sr. Martha Ann Fitzpatrick, C.S.J.
Sr. Marie Jeanne Gaillac, C.S.J.
Sr. Patricia Hayhurst, C.S.J.
George Heidkamp
James Keegan, Jr.
Thomas Kenney
Gaye LeBaron
Albert Maggini
Sr. Bernadette McNulty, C.S.J.
Ronald Nelson
Mrs. Patricia Pedersen
Harry Richardson, M.D.
Sr. Michaela Rock, C.S.J.

Desmond Shapiro, M.D.
Ransom Turner, M.D.

1988

Mark Trione, Chair
Ronald Nelson, Vice Chair
Haskell Boyett
Alan Chamison
Roger Delwiche, M.D.
John Doolittle
Sr. Martha Ann Fitzpatrick, C.S.J.
Sr. Marianna Gemmet, C.S.J.
Sr. Patricia Hayhurst, C.S.J.
George Heidkamp
James Keegan, Jr.
Sr. Carol Marie Kelber, C.S.J.
Thomas Kenney
Gaye LeBaron
Sr. Bernadette McNulty, C.S.J.
Alan Milner
Mrs. Christine Pedroncelli
Harry Richardson, M.D.
Sr. Michaela Rock, C.S.J.
Rev. Robert Schlager
Desmond Shapiro, M.D.
Eugene Traverso
Ransom Turner, M.D.

1989

Ronald Nelson, Chair
Harry Richardson, Vice Chair
Nicholas Anton, M.D.
Richard Carlisle
Alan Chamison
Roger Delwiche, M.D.
John Doolittle
Sr. Marianna Gemmet, C.S.J.
Gary Greensweig, D.O.
Jake Henry Jr., FACHE
Sr. Carol Marie Kelber, C.S.J.
Thomas Kenney
Gaye LeBaron
Sr. Bernadette McNulty, C.S.J.
Alan Milner
Robert O'Leary
Christine Pedroncelli

John Reed, M.D.
William Robotham, C.P.A.
Rev. Robert Schlager
Sr. Judith Wemmer, C.S.J.

1990

Nicholas Anton, M.D., Chair
Alan Milner, Vice Chair
Sheila Albert
Donna Born
Richard Carlisle
Roger Delwiche, M.D.
John Doolittle
Sr. Betty Foubert, C.S.J.
Sr. Marianna Gemmet, C.S.J.
Gary Greensweig, D.O.
Jake Henry Jr., FACHE
Sr. Carol Marie Kelber, C.S.J.
Thomas Kenney
Sr. Bernadette McNulty, C.S.J.
Mrs. Christine Pedroncelli
John Reed, M.D.
William Robotham, C.P.A.
Rev. Robert Schlager
Sr. Marian Schubert, C.S.J.
Clint Wilson
Sr. Dorothy Ann Yee, C.S.J.

1991

Alan Milner, Chair
John Doolittle, Vice Chair
Sheila Albert
Nicholas Anton, M.D.
David Benson, Ph.D.
George Bisbee, M.D.
Donna Born
Richard Carlisle
Sr. Betty Foubert, C.S.J.
Sr. Marianna Gemmet, C.S.J.
Gary Greensweig, D.O.
Jake Henry Jr., FACHE
Sr. Carol Marie Kelber, C.S.J.
Sr. Bernadette McNulty, C.S.J.
David Reed, FACHE
John Reed, M.D.
William Robotham, C.P.A.

Rev. Robert Schlager
Sr. Marian Schubert, C.S.J.
John Shanahan
Peter Shapiro, M.D.
Clint Wilson
Sr. Dorothy Ann Yee, C.S.J.
Kirt Zeigler

1992

Richard Carlile, Chair
William Robotham, C.P.A., Vice Chair
Sheila Albert
Nicholas Anton, M.D.
David Benson, Ph.D.
George Bisbee, M.D.
Donna Born
Sr. Betty Foubert, C.S.J.
Sr. Marianna Gemmet, C.S.J.
Gary Greensweig, D.O.
Jake Henry Jr., FACHE
Sr. Carol Marie Kelber, C.S.J.
Marshall Marchbanks, M.D.
Sr. Bernadette McNulty, C.S.J.
Alan Milner
John Reed, M.D.
Rev. Robert Schlager
John Shanahan
Peter Shapiro, M.D.
Clint Wilson
Sr. Dorothy Ann Yee, C.S.J.

1993

William Robotham, C.P.A., Chair
Donna Born, Vice Chair
Sheila Albert
Nicholas Anton, M.D.
David Benson, Ph.D.
Richard Carlile
Sr. Betty Foubert, C.S.J.
Sr. Marianna Gemmet, C.S.J.
Jake Henry Jr., FACHE
James Houser
Dorothe Hutchinson
Sr. Carol Marie Kelber, C.S.J.
Marshall Marchbanks, M.D.
Sr. Nadine McGuinness, C.S.J.

Alan Milner
John Reed, M.D.
Sr. Michaela Rock, C.S.J.
Rev. Robert Schlager
John Shanahan
Peter Shapiro, M.D.
The Honorable Elaine Watters
Clint Wilson
Sr. Dorothy Ann Yee, C.S.J.

1994

Donna Born, Chair
David Benson, Ph.D., Vice Chair
Sheila Albert
Richard Carlile
Scott Chilcott, M.D.
Sr. Betty Foubert, C.S.J.
Bill Friedman
Gary Greensweig, D.O.
Sr. Patricia Haley, C.S.J.
Jake Henry Jr., FACHE
James Houser
Dorothe Hutchinson
Marshall Marchbanks, M.D.
Sr. Nadine McGuinness, C.S.J.
Sr. Mary Bernadette McNulty, C.S.J.
John Reed, M.D.
C. William Reinking
William Robotham, C.P.A.
John Shanahan
Peter Shapiro, M.D.
The Honorable Elaine Watters
Clint Wilson
Sr. Dorothy Ann Yee

1995

Donna Born, Chair
David Benson, Ph.D., Vice Chair
Sheila Albert
Scott Chilcott, M.D.
Sr. Marie Jeanne Gaillac, C.S.J.
Gary Greensweig, D.O.
Sr. Patricia Haley, C.S.J.
James Houser
Dorothe Hutchinson
Robert James, M.D.

Cal Kimes
Sr. Mary Bernadette McNulty, C.S.J.
John Reed, M.D.
C. William Reinking
John Shanahan
Gary Stein, M.D.
Sr. Michelle Tochtrop, C.S.J.
The Honorable Elaine Watters
Clint Wilson

1996

John Shanahan, Chair
David Benson, Ph.D.
Herbert Dwight, Jr.
Sr. Marie Jeanne Gaillac, C.S.J.
Gary Greensweig, D.O.
Sr. Patricia Haley, C.S.J.
James Houser
Norma Howard
Dorothe Hutchinson
Robert James, M.D.
Cal Kimes
Andrea Learned
Thomas McCarthy, M.D.
Sr. Mary Bernadette McNulty, C.S.J.
John Reed, M.D.
C. William Reinking
Gary Stein, M.D.
Sr. Michelle Tochtrop, C.S.J.
Victor Trione
The Honorable Elaine Watters

1997

Dorothe Hutchinson, Chair
Herbert Dwight, Jr.
Nick Esposti
Robert Fish
Sr. Marie Jeanne Gaillac, C.S.J.
Gary Greensweig, D.O.
Sr. Patricia Haley, C.S.J.
Stephen Hansel
Norma Howard
Robert James, M.D.
Cal Kimes
Andrea Learned
Thomas McCarthy, M.D.

Sr. Mary Bernadette McNulty, C.S.J.
John Reed, M.D.
C. William Reinking
Gary Stein, M.D.
Sr. Michelle Tochtrop, C.S.J.
Victor Trione
Paul Viviano
The Honorable Elaine Watters

1998

Cal Kimes, Chair
Herbert Dwight, Jr.
Robert Fish
Sr. Marie Jeanne Gaillac, C.S.J.
Sr. Patricia Haley, C.S.J.
Stephen Hansel
Norma Howard
Dorothe Hutchinson
Robert James, M.D.
Andrea Learned
Thomas McCarthy, M.D.
Sr. Mary Bernadette McNulty, C.S.J.
Joe Randolph
John Reed, M.D.
C. William Reinking
Jan Sonander, M.D.
Sr. Michelle Tochtrop, C.S.J.
Victor Trione
The Honorable Elaine Watters

1999

Cal Kimes, Chair
Herbert Dwight, Jr.
Jeff Flocken
Sr. Marie Jeanne Gaillac, C.S.J.
Sr. Patricia Haley, C.S.J.
Stephen Hansel
Norma Howard
Robert James, M.D.
Andrea Learned
Thomas McCarthy, M.D.
Joe Randolph
John Reed, M.D.
C. William Reinking
Sr. Suzanne Sassus, C.S.J.
Jan Sonander, M.D.

Sr. Michelle Tochtrop, C.S.J.
Victor Trione

2000

Herbert Dwight, Jr., Chair
Norma Howard, Vice Chair
David Ameen
Sr. Marie Jeanne Gaillac, C.S.J.
Don Green
Allen Gummer
Stephen Hansel
Robert James, M.D.
Cal Kimes
Andrea Learned
Thomas McCarthy, M.D.
Sr. Nadine McGuinness, C.S.J.
John O'Brien
Joe Randolph
Sr. Mary Rogers, C.S.J.
Sr. Suzanne Sassus, C.S.J.
Jan Sonander, M.D.
Sr. Michelle Tochtrop, C.S.J.
Victor Trione

2001

Herbert Dwight, Jr., Chair
Don Green, Vice Chair
David Ameen
Sr. Marianna Gemmet, C.S.J.
Shirley Gordon
Allen Gummer
Stephen Hansel
Norma Howard
Robert James, M.D.
L. Wayne Keiser, M.D.
Sr. Carol Marie Kelber, C.S.J.
Dan Lanahan
Thomas McCarthy, M.D.
Sr. Nadine McGuinness, C.S.J.
Joe Randolph
Sr. Mary Rogers, C.S.J.
Sr. Suzanne Sassus, C.S.J.
Jan Sonander, M.D.
Gene Traverso (replaced Debbie Meekins)
Victor Trione

2002

Don Green, Chair
Dan Lanahan, Vice Chair
David Ameen
Ken Blackman
Sr. Marianna Gemmet, C.S.J.
Shirley Gordon
Allen Gummer
The Honorable Gayle Guynup
Stephen Hansel
Sr. Anne Hennessy, C.S.J.
Sr. Carol Marie Kelber, C.S.J.
Cheryl Kellert, M.D. (replaced Dr. Keiser)
Joe Randolph
Sr. Mary Rogers, C.S.J.
Sr. Suzanne Sassus, C.S.J.
Jan Sonander, M.D.
Greg Steele
Gene Traverso

2003

Don Green, Chair
Dan Lanahan, Vice Chair
David Ameen
Ken Blackman
Shirley Gordon
Allen Gummer
The Honorable Gayle Guynup
Sr. Anne Hennessy, C.S.J.
Sr. Carol Marie Kelber, C.S.J.
Cheryl Kellert, M.D.
Patricia Robles-Mitten
Sr. Mary Rogers, C.S.J.
Sr. Suzanne Sassus, C.S.J.
Jan Sonander, M.D.
Greg Steele
Elliot Sternberg, M.D.
Gene Traverso

2004

Dan Lanahan, Chair
Sr. Suzanne Sassus, C.S.J., Vice Chair
David Ameen
Ken Blackman
Shirley Gordon

Don Green
Allen Gummer
The Honorable Gayle Guynup
Stephen Halpern, M.D.
Sr. Anne Hennessy, C.S.J.
Ezbon Jen
John Jordan
Sr. Carol Marie Kelber, C.S.J.
Cheryl Kellert, M.D.
Patricia Robles-Mitten
Sr. Mary Rogers, C.S.J.
Greg Steele
Elliot Sternberg, M.D.
Gene Traverso
Ed West, M.D.

2005

Dan Lanahan, Chair
Gene Traverso, Vice Chair
Michael Coutr 
Shirley Gordon
Don Green
Allen Gummer
Stephen Halpern, M.D.
Sr. Anne Hennessy, C.S.J.
Ezbon Jen
Sr. Carol Marie Kelber, C.S.J.
Cheryl Kellert, M.D.
Al Maggini
George P rez
Patricia Robles-Mitten
Sr. Mary Rogers, C.S.J.
Sr. Suzanne Sassus, C.S.J.
Elliot Sternberg, M.D.
Ed West, M.D.
Joseph Zils

2006

Gene Traverso, Chair
Shirley Gordon, Vice Chair
Andy Agwunobi, M.D.
Herb Castillo
Michael Coutr 
Logan Faust, M.D.
Stephen Halpern, M.D.
Sr. Diane Hejna, C.S.J.

Sr. Anne Hennessy, C.S.J.
Ezbon Jen
Sr. Carol Marie Kelber, C.S.J.
Dan Lanahan
Al Maggini
Timothy Moratto
Ernesto Olivares
George P rez
Christopher Silva
Ed West, M.D.
Joseph Zils

2007

Gene Traverso, Chair
Ezbon Jen, Vice Chair
Herb Castillo
Michael Coutr 
Logan Faust, M.D.
Stephen Halpern, M.D.
Sr. Diane Hejna, C.S.J.
Al Maggini
Timothy Moratto
Ernesto Olivares
George P rez
Joe Randolph
Sr. Christine Ray, C.S.J.
Sr. Mary Rogers, C.S.J.
Christopher Silva
Ed West, M.D.
Sharon Wright
Joseph Zils

2008

Ezbon Jen, Chair
Joseph Zils, Vice Chair
Herb Castillo
Michael Coutr 
Sr. Judith Dugan, C.S.J.
Logan Faust, M.D.
Sr. Diane Hejna, C.S.J.
Timothy Moratto
Ernesto Olivares
George P rez
Joe Randolph
Sr. Christine Ray, C.S.J.
Sr. Mary Rogers, C.S.J.

Christopher Silva
Gene Traverso
Ed West, M.D.

BOARD OF TRUSTEES
Alliance Hospital Services
(dba Petaluma Valley Hospital)

1997-1998

Sr. Joleen Todd, C.S.J., Chair
Ray Erny, M.D.
Robert Fish
Fred Groverman, D.V.M.
Andrea Learned
Onita Pelligrini

1998-1999

Sr. Joleen Todd, C.S.J., Chair
Ray Erny, M.D.
Robert Fish
Fred Groverman, D.V.M.
Ninfa Ortiz
Onita Pelligrini
,

1999-2000

Sr. Joleen Todd, C.S.J., Chair
Liz Close
Jeff Flocken
Sister Diane Henja, C.S.J.
Dennis McLeod, M.D.
Ninfa Ortiz
Onita Pelligrini

2000-2001

Sr. Joleen Todd, C.S.J., Chair
David Ameen
Liz Close
Sr. Diane Henja, C.S.J.
Dennis McLeod, M.D.
Onita Pelligrini
Ninfa Ortiz

2001-2002

Sr. Carol Marie Kelber, C.S.J., Chair
David Ameen
Liz Close
Leland Fishman

Sr. Diane Hejna, C.S.J.
Edward Loker, M.D.
Nina Ortiz

2002-2003

Sr. Carol Marie Kelber, C.S.J., Chair
David Ameen
Leland Fishman
Edward Loker, M.D.
Vanna McWhinnie
Gary Nadler
Sr. Suzanne Sassus, C.S.J.

2003-2004

Sr. Carol Marie Kelber, C.S.J., Chair
David Ameen / Michael Glasberg
Jason Bacharach, M.D.
Leland Fishman
Vanna McWhinnie
Sr. Suzanne Sassus, C.S.J.

2004-2005

Sr. Carol Marie Kelber, C.S.J., Chair
Jason Bacharach, M.D.
Leland Fishman
Josephine Thornton
George Pérez
Sr. Suzanne Sassus, C.S.J.

2005-2006

Sr. Carol Marie Kelber, C.S.J., Chair
Leland Fishman
Loren Fong, M.D.
Peter Grauert
George Pérez
Sr. Suzanne Sassus, C.S.J.
Josephine Thornton

2006-2007

Sr. Carol Marie Kelber, C.S.J., Chair
Leland Fishman
Loren Fong, M.D.
Peter Grauert
Sr. Diane Hejna, C.S.J.
James Leoni, M.D.
George Pérez
Josephine Thornton

2008-2009

Josephine Thornton, President
Peter Grauert
Sr. Diane Hejna, C.S.J.
Sr. Carol Marie Kelber, C.S.J.
James Leoni, M.D.
George Pérez
Jo Sandersfeld

BOARDS OF DIRECTORS
Santa Rosa Memorial Hospital Foundation

The Hospital Foundation of Santa Rosa (1971 to 1974)

H. Wayne Ancell
Gene Benedetti
Dan Bowerman
Haskell Boyette
Charles Carniglia
Mrs. Alan Croup
Louis Foppiano
Edward Foster
Joseph Farusho
Mrs. Thomas Grace
Mrs. Edward (Nancy) Henshaw
Mrs. James Jones, Jr.
Mrs. James (Billie) Keegan
Mrs. Paul (Lucile) Kelly
Robert Kerr
Thomas King
Arthur Kunde, Jr.
Joseph Lombardi
John Long
Albert Maggini

Elmo Martini
John McDonald
Francis McLaurin
William McNeany
V.M. Moir
Randolph Newman, Ph.D.
Francis Passalacqua
William Pedersen
Edward Pimenti
Joseph Shaefer, M.D.
Andrew Shepard
John Sink
J. Ralph Stone
Robert Tangeman, D.D.S.
Edward Thronson
Thomas Torgerson, M.D.
Mrs. Eugene (Yolanda) Toschi
Henry Trione
Thomas Welch

Santa Rosa Memorial Hospital Foundation (Original Board – 1991).

Albert A. Maggini, Chair
George Bisbee, M.D.
Sr. Martha Ann Fitzpatrick
Thomas Freeman
Nancy Henshaw
James Houser
Billie Keegan
Ronald Nelson
Edward Pimenti
Eugene Traverso

CHIEFS OF THE MEDICAL STAFF

Santa Rosa Memorial Hospital

1949-50	J. Donald Francis, M.D.	1991-92	George Bisbee, M.D.
1950-51	Cuthbert Fleissner, M.D.	1992-93	Peter Shapiro, M.D.
1951-52	Wilson Stegeman, M.D.	1993-94	Marshall Marchbanks, M.D.
1952-53	Clifford M. Carlson, M.D.	1994-95	F. Scott Chilcott, M.D.
1953-54	Thomas M. Torgerson, M.D.	1995-96	Gary Stein, M.D.
1954-55	Herbert Every, M.D.	1996-98	Robert James, M.D.
1955-56	William Rogers, M.D.	1998-00	Thomas McCarthy, M.D.
1956-57	Roscoe L. Zieber, M.D.	2000-02	Jan Sonander, M.D.
1957-58	Ronald Rolph, M.D.	2002-05	Cheryl Kellert, M.D.
1958-59	Carl E. Anderson, M.D.	2004-06	Steven Halpern, M.D.
1959-60	Andrew Theusen, M.D.	2006-08	Ed West, M.D.
1960-61	Frank W. Norman, M.D.	2008-10	Logan Faust, M.D.
1961-62	R. Dee Robbins, M.D.		
1962-63	A.A. Thurlow, M.D.		
1963-64	George A. Arack, M.D.		
1964-65	Alessandro Trombetta, M.D.		
1965-66	George Firestone, M.D.		
1966-67	Harding Clegg, M.D.		
1967-68	Lucius L. Button, M.D.		
1968-69	Thomas A. Ward, M.D.		
1969-70	Clayton B. Taylor, M.D.		
1970-71	Cedric C. Johnson, M.D.		
1971-72	Joseph A. Schaefer, M.D.		
1972-73	Myron B. Close, M.D.		
1973-74	Frank E. Lones, M.D.		
1974-75	Milton A. Antipa, M.D.		
1975-76	Rudolph Oppenheimer, M.D.		
1976-77	F. Scott Chilcott, M.D.		
1977-78	H. Edward Raitano, M.D.		
1978-79	Ronald G. Simpson, M.D.		
1979-80	James A. Bauer, M.D.		
1980-81	Harry B. Richardson, M.D.		
1981-82	Kenneth S. Mesches, M.D.		
1982-83	Sydney M. Miller, M.D.		
1983-84	Donald I Van Giesen, M.D.		
1984-85	Nicholas H. Anton, M.D.		
1985-86	Robert W. Thompson, M.D.		
1986-87	Ransom B. Turner, M.D.		
1987-88	Desmond J. Shapiro, M.D.		
1988-89	Roger F. Delwiche, M.D.		
1989-90	John B. Reed, M.D.		
1990-91	Gary Greensweig, D.O.		

MEDICAL STAFF PRESIDENTS
Petaluma Valley Hospital

1981-1982	Anthony Way, M.D.
1982-1983	James Glynn, M.D.
1983-1984	Gerald Besses, M.D.
1984-1985	Dana Niendorf, M.D.
1985-1986	Cesar Veluz, M.D.
1986-1987	John Shearer, M.D.
1987-1988	Dennis McLeod, M.D.
1988-1989	Thomas Moore, D.O.
1989-1991	Roger Weeks, M.D.
1991-1993	Harold Brown, M.D.
1993-1995	Anthony Way, M.D.
1995-1997	Cesar Veluz, M.D.
1997-1999	Raymond Erny, M.D.
1991-2001	Dennis McLeod, M.D.
2001-2003	Edward Loker, M.D.
2003-2005	Jason Bacharach, M.D.
2005-2007	H. Loren Fong, M.D.
2007-2009	James Leoni, M.D.

AUXILIARY PRESIDENTS
Santa Rosa Memorial Hospital

1955-1956	Edna Carithers
1956-1957	Mabel Spridgen
1957-1958	Madalyn Toohey
1958-1959	Billie Keegan
1959-1960	Nancy Henshaw
1960-1961	Madalyn Toohey
1961-1962	Eve Romero
1962-1964	Beverly Viesselman
1964-1965	Mildred McDonald
1965-1966	Reggie Barton
1966-1967	Floramay Caletti
1967-1969	Yolanda Toschi
1969-1971	Nadine Killian
1971-1972	Kathleen Plant
1972-1974	Joan Blachley
1974-1976	Wynne Ramstead
1976-1977	Esther Proshek
1977-1979	Dorothy Soeters
1979-1981	Beth Barberis
1981-1983	Harriet Martin
1983-1985	Mary Frost
1985-1987	Virginia Walter
1987-1988	Jackie Bryan
1988-1989	Nancy Phoenix
1989-1990	Karen Schwarz
1990-1991	Milton Andrew
1991-1992	Milton Andrew
1992-1993	Mary Nunan
1993-1994	Olive Nead
1994-1995	Olive Nead
1995-1996	Olive Nead
1996-1997	Bernard Penziner
1997-1998	Olive Nead
1998-1999	Howard Fraga
1999-2000	Katie Lambert
2000-2002	Jim Shelton
2002-2004	Sue Wood
2005-2006	Sherry Camozzi
2006-2008	Annette Wilber

AUXILIARY PRESIDENTS

Hillcrest Hospital & Petaluma valley Hospital

Hillcrest Hospital

1962-63	Eleanor Gans	1971-72	Marge Mortensen
1963-64	Barbara Bundesen	1972-73	Edna Schneider
1964-66	Betty Bianchi	1973-74	Christine De Rusha
1966-67	Miriam Martinson	1974-75	Virginia Cook
1967-68	Betty Jean Behrens	1975-76	Marjorie Roberts
1968-69	Betty Bergstrom	1976-77	Diane Nelson
1969-70	Virginia Perrigo	1977-78	Mimi Hill
1970-71	Chub Senften	1978-79	Verlie Rohde

Petaluma Valley Hospital

1979-80	May Tomasetti
1980-81	Roberta Musser
1981-82	Mary Razzano
1982-83	Freedia Pedrotti
1983-84	Mary Ann Karlunas
1984-85	Joyce Paulucci
1985-86	Naomi Kohl
1986-87	Caroline D'Amore
1987-88	June Lanatti
1988-89	Donna Broderson
1989-90	Sue Chaffin
1990-91	Gail Ronald
1991-92	Carla Verke
1992-93	Cathie Guadagni
1993-94	Edith Newman
1994-95	Betty Lees
1995-96	Ruth Ann Johnson
1996-97	John Payne
1997-98	Tony Monticelli
1998-00	Kathleen Sartori
2000	Helen Carlson
2000-01	Lucy Carroll
2001-03	Marie Bradley
2003-05	Lucy Carroll
2005-06	Jane Person
2006-08	Jo Ingerson